

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

SEP 29 1936

31208

**1. PLACE OF DEATH**

County Jackson  
 Township Waukas  
 City Waukas

Registration District No. 397  
 Primary Registration District No. 100  
 (No. Rake Side Hospital)

File No. 4008  
 Registered No. 4008  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William E. Bailey

(a) Residence, No. 5702 1/2 Prospect St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Bailey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-17-1877</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>10</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>		
FATHER	13. NAME <u>Addison Bailey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>	
MOTHER	15. MAIDEN NAME <u>Emiline McDaniel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT (ADDRESS) <u>Wm Minnie Bailey 5702 1/2 Prospect</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deepwater</u> DATE <u>Aug 30, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Mr. C. L. Foster 918 Broadway</u>		
20. FILED <u>8-29-36</u> <u>M. McLaughlin</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-23-, 1936, to 8-29-, 1936  
 I last saw him alive on 8-29-, 1936 Death is said to have occurred on the date stated above, at 6:25 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis with advanced Arterio-sclerosis  
 Date of onset Several years

Other contributory causes of importance:  
Terminal Uremia 8/27/36

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Thin red Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Paul L. Curry D.D. M.D.  
 (Address) 2501 Flanagan Ave. K.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

