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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4490

City St. Louis (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Ted Bailey

(a) Residence, No. 513 S. Ewing St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-18-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common

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) Oklahoma

FATHER

13. NAME Theodore Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lousiana

MOTHER

15. MAIDEN NAME Pearl Westley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lousiana

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hohenlubh - Carpenter College DATE 4-30, 1937

19. UNDERTAKER W. Richter
(ADDRESS) 3320 Bridgeport St

20. FILED APR 30 1937 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-23-, 1937, to 4-27-, 1937

I last saw him alive on 4-27-, 1937. Death is said to have occurred on the date stated above, at 2:40P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-23-37

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) A. L. Lewis, M. D.

(Address) 2945 Lawton

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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