

MAY 31 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17760

1. PLACE OF DEATH
County Stoddard Registration District No. 836
Township Liberty Primary Registration District No. 60989
City (No. St. Ward)

2. FULL NAME Infant Bailey
(a) Residence, No. St. Ward. (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.

File No. 22
Registered No. 22

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Stoddard County Missouri
13. NAME Leon Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Missouri
15. MAIDEN NAME Martha Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarkston Missouri
17. INFORMANT W. E. Bailey (ADDRESS) Berme, Mo. R. 1
18. BURIAL, CREMATION, OR REMOVAL PLACES Stanfield DATE 4-19-37
19. UNDERTAKER (ADDRESS)
20. FILED Apr 21 1937 Filmore Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1937
22. I HEREBY CERTIFY, That I attended deceased from BIRTH, 19... to... 19...
I last saw h. alive on... 19... Death is said to have occurred on the date stated above, at... m.
The principal cause of death and related causes of importance were as follows:
Born at 5 months Date of onset
Due to typhoid in mother.
Other contributory causes of importance: 19
Name of operation... Date of...
What test confirmed diagnosis?... Was there an autopsy?..
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) W. E. Bailey, M. D.
(Address) Stanfield, 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.

