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.

REC'D JUL 14 1938

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

21407
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 665
(c) City St. Joseph, (d) Street No. 2723 Renick St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Taggart Bailey, 400
(a) Residence, No. 2723 Renick St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Bailey,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 25, 1853,
7. AGE: YEARS 85 MONTHS 2 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as 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): Philadelphia, Pennsylvania,

FATHER
13. NAME: William Taggart,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania,

MOTHER
15. MAIDEN NAME: Rachael Dopson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania,

17. INFORMANT (ADDRESS): Miss Ella T. Bailey 2723 Renick Str.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE June 29th 1938
19. FUNERAL DIRECTOR (ADDRESS): Heaton, Bigelow & Bowman 319 So. 10th. Str. Funeral Home
20. FILED 6/29 1938 H. J. Neathduck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27th, 1938
22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1937, to 6-27, 1938
I last saw her alive on 6-27, 1938 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Pemphigus
Chronic myocarditis
186.00
Date of onset
Other contributory causes of importance:
Fracture of hip (intra capsular) from fall.
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? Accident Date of injury Dec 4, 1937
Where did injury occur? St. Jos. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Fracture of hip.
Nature of injury Fell on floor
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. J. Smith, M. D.
(Address) P & S Bldg St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself June 21, 1

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)