

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23804
Do not use this space.

REC'D AUG 12 1938 /

1. PLACE OF DEATH
 (a) County / Registration District No. **791**
 (b) Township / Primary Registration District No. **1008**
 (c) City St. Louis, Missouri. (d) Street No. Missouri Baptist Hospital 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 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harrison Bailey **400**
 (a) Residence, No. Marquette Hotel. St. **25** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 26, 1911.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 7 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Radio Advertising
 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) July 15, 1938
 11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage, Missouri.

FATHER
 13. NAME Walter E. Bailey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage, Missouri.

MOTHER
 15. MAIDEN NAME Adeline Withers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deep Water, Missouri.

17. INFORMANT Walter E. Bailey
 (ADDRESS) Carthage Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage Missouri DATE July 23, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc., 429 N. Euclid Ave.,
JUL 21 1938

20. FILED J.P. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1938, to 7-21, 1938
 I last saw him alive on 7-20, 1938. Death is said to have occurred on the date stated above, at 2a m.
 The principal cause of death and related causes of importance were as follows:
Cerebritis of neck
115 lb
 Other contributory causes of importance:
Infectd Cyt bone in lower limb 7-16?
 Name of operation Lachrymation Date of 7-18-38
 What test confirmed diagnosis? Amund Was there an autopsy? Yes

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) Robert D. Sanders M. D.
 (Address) 1507 Cass

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Guy W Wilkerson

Licensed Embalmer No. 3575

P. O. Address

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

If this body is not embalmed, above space should be left blank.