

REC'D AUG 24 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
25430  
Do not use this space.

## 1. PLACE OF DEATH

 (a) County Henry Registration District No. 348  
 (b) Township Osage Primary Registration District No. 4206  
 (c) City Brownington, Mo (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Registered No. 2922. PRINT FULL NAME John Th Bailey
 (a) Residence, No. Brownington, Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lina Bailey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 7 11

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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 Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Co MoFATHER 13. NAME Jap Bailey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UnknownMOTHER 15. MAIDEN NAME Sarah Green#16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Lina Bailey  
Brownington, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE Aug 10 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred E Wilkinson  
Clinton Mo20. FILED Aug 9 38 C. D. Taylor, M.D. (Local Registrar)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1938 1922. I HEREBY CERTIFY, That I attended deceased ~~from~~ Aug 8, 1938 to Aug 8, 1938, 19I last saw him alive on 8-8, 1938. Death is saidto have occurred on the date stated above, at 9:50 a.m.

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

Cerebral Hemorrhage  
(Paraplegia)

Date of onset

Other contributory causes of importance:

 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) G. E. Decker, M. D.(Address) Clinton Mo

---

---

**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.....

Licensed Embalmer No. *2478*

P. O. Address *Clinton, Mo.*

**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.**