

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

36157

1. PLACE OF DEATH
 County..... **LAWRENCE** Registration District No. **471**
 Township..... **PIERCE** Primary Registration District No. **4284**
 City..... (No. **5624**) St. Ward

2. FULL NAME **JOHN DAILEY**
 (a) Residence, No. **RURAL** St. Ward.
 (Usual place of abode) (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN. 8, 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 27

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

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) **FRANKFORT KENTUCKY**

FATHER 13. NAME **WM. DAILEY**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

MOTHER 15. MAIDEN NAME **JOHANNA KELLY**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

17. INFORMANT (ADDRESS) **MARY DAILEY KANSAS CITY MISSOURI**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. PATRICK'S** DATE **Nov. 2, 1936**

19. UNDERTAKER (ADDRESS) **Victor O. Niemeyer Peirce City, Mo.**

20. FILED **Jan. 1, 1936** **E. B. Wright** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 30, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 26, 1936**, to **Oct. 30, 1936**
 I last saw him alive on **Oct. 30, 1936**. Death is said to have occurred on the date stated above, at **4:20 P.M.**
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage. 18-1936

Other contributory causes of importance: **Chronic nephritis 1933**

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? **no**
 If so, specify
 (Signed) **E. B. Wright**, M. D.

(Address) **Peirce City, Mo.**

RECEIVED

District Health Officer No. 6,

District File Number 6-38-609

Date Filed NOV 13 1938