

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

32489
Do not use this space.

OCT 10 1939

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township 1 Primary Registration District No. 9210 Registered No. _____
 (c) City Wich (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) 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.

2. PRINT FULL NAME

Margaret Ann Bailey
 (a) Residence, No. _____ St. (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) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17, 1857
 7. AGE YEARS 82 MONTHS 7 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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) Henry County

FATHER 13. NAME Nicholas Long

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Elizabeth Armstrong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Henry Bailey
Wich Mo.

18. BURIAL, CREMATION, OR REMOVAL White Oak Cemetery Sept 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Consent Funeral Service
Clinton Mo

20. FILED 9-23 1939 Dr J R Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16 1939
 22. I HEREBY CERTIFY, That I attended deceased from 9-8 1939, to 9-9 1939
 I last saw him alive on 9-8 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Antonia delmaris
 Date of onset _____
97

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? no 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? _____
 Also, specify _____
 (Signed) J. W. Galbreath, M. D.
 (Address) Wich Mo

V. S. NO. 2. 50M-1-12-38 I X14028
 MARGIN RESERVED FOR BINDING
 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.

RECEIVED

District Health Officer No. 7!

District File Number 7-39-1369

Date Filed 10-1-39

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,

H. A. Varsant

....., or by

Registered Apprentice No. , working under my personal supervision.

Signed H. A. Varsant

Licensed Embalmer No. 3779

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.