

FILED MAR 7 1940

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

7174

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Lawrence Registration District No. 470  
 (b) Township North 7th Vernon Jp Primary Registration District No. 5633 Registered No. 10  
 (c) City Mt. Vernon (d) Street No. Mo. State Sanatorium 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 2 yrs. 8 mos. 18 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

- 400 Marie Bailey 0  
 (a) Residence, No. Clarkton, Mo St.  (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 Female 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 Ives Bailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-31-15

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 0 4

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Spring 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarkton Missouri

- FATHER 13. NAME Frank O. Reeves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gainesville, Arkansas

- MOTHER 15. MAIDEN NAME Alice Miranda Haney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin County Missouri

17. INFORMANT (ADDRESS) E. McMichael, Record Clerk Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell DATE 2/4/1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lawrence Funeral Home Campbell, Mo.

20. FILED Feb. 4, 1940 P. A. Holmes Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1937 to Feb. 4, 1940

- I last saw her alive on Feb. 3, 1940 Death is said to have occurred on the date stated above, at 6:15 am

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

Pulmonary Tuberculosis Date of onset June 1936

Other contributory causes of importance:

- Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Sputum 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) J. Jones, M. D.  
 (Address) 7th Vernon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 I X16625

RECEIVED

District Health Officer No. 6,

District File Number 340-651

Date Filed MAR 6 1949

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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.....

*George B. Orr*

Licensed Embalmer No.....

*946*

P. O. Address.....

*Mr. Remon 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.