DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11571

APR 23 1940

Registration District No. 4496 Primary Registration District No. 3025 Registrar's No. 19

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 727 Lincoln St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn

(c) City or town: Brookfield (If outside city or town limits, write "RURAL")

(d) Street No.: 727 Lincoln St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: ANDREW ALLEN BAILEY

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ida Bailey

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: Dec. (Month) 25 (Day) 1855 (Year)

8. AGE: Years 84 Months 2 Days 22 If less than one day hr. min.

9. Birthplace: Godrich, (City, town, or county) Canada (State or foreign country)

10. Usual occupation: Lawyer - retired

11. Industry or business: —

FATHER 12. Name: James Bailey

FATHER 13. Birthplace: Not Known (City, town, or county) Ireland (State or foreign country)

MOTHER 14. Maiden name: Sarah —

MOTHER 15. Birthplace: Not Known (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature: Mrs. Ida Bailey

(b) Address: 727 Lincoln, Brookfield, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Rose Hill Cemetery

18. (a) Signature of funeral director: Rusk Funeral Home

(b) Address: Brookfield, Mo. 4-45

19. (a) 3/18/40 (Date received local registrar) (b) Mont Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1940 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 15 1940, 19..., to Mch - 17 - 1940, that I last saw ~~him~~ alive on Mch - 17 - 40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Degeneration	4 yrs
Due to (Cause)	
Due to 34	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury

23. Signature: Mont Lucas (M. D. ~~or other~~) 1

Address: Brookfield Mo Date signed 3/18/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 8-1-39 I X19511

RECEIVED
District Health Officer No. 11,
District File Number 440-412
Date Filed APR 9 1940

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 H B Wright

Licensed Embalmer No. 2718

P. O. Address Brookfield, 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.