

REC'D JUL 15 1940

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

Do not use this space.

21946

1. PLACE OF DEATH

County Jackson Registration District No. 401
Township Van Buren Primary Registration District No. 5556
City Granville St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Edna J. Bailey

(a) Residence, No. _____ 7 1/2 miles _____ St. _____
(Usual place of abode) _____
Length of residence in city or town where death occurred _____ ds. How long in U. S., _____ of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unwed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 5 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Jackson Co Mo

13. NAME James Daniel

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

15. MAIDEN NAME Anna Drey

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

17. INFORMANT (ADDRESS) May Bailey

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Mo DATE 6-26 1940

19. UNDERTAKER (ADDRESS) R B Webb

20. FILED June 29, 1940 Bernie E. Yankee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1940

22. I HEREBY CERTIFY That I attended deceased from June 4, 1940, to June 24, 1940.
I last saw her alive on June 24, 1940. Death is said to have occurred on the date stated above, at 6:15 m.

The principal cause of death and related causes of importance were as follows:
Premature labor bilateral 105 40

Other contributory causes of importance: _____
Name of operation none 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? no Date of injury _____, 19____

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Victor M. M. D.
(Address) October 40

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.

