

FILED AUG 7 1940

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

25821

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid 2 Registration District No. 55
 (b) Township Anderson 8 Primary Registration District No. 4033
 or
 (c) City Osition, Mo. (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

CHARLES ELGIN BAILEY
 (a) Residence, No. Saline 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 male 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 HATTIE BAILEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-23-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 2 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. waiter
 9. Industry or business in which work was done, as saw mill, bank, etc. restaurant
 10. Date deceased last worked at this occupation (month and year) 1 yr ago
 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna Ill.
Saline Co.

13. NAME Charles Elgin Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna Ill.
Saline Co.

15. MAIDEN NAME Katherine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna Ill.
Saline Co.

17. INFORMANT (ADDRESS) James A. Whittedge
New Madrid Mo.

18. BURIAL INFORMATION OR REMOVAL PLACE Standards DATE 7-25-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edgar W. H. Henshaw

20. FILED 7-25-40 1940 D. V. Mumma
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-40 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-11-40, 1940, to 7-12-40, 1940

I last saw him alive on 7-12-40, 1940. Death is said

to have occurred on the date stated above, at 100 p.m.

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

myocardial failure Date of onset 7-11-40

coronary atherosclerosis

Other contributory causes of importance: 95%

senility
coronary sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1940

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? _____

If so, specify _____

(Signed) J. H. Henshaw, M. D.

(Address) Osition, Mo.

K. 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. 2,

District File Number 840-120

Date Filed 8/1/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.