

38408

D. O. V. S.

TEXAS STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Reg. Dis. No.

2383

FOR HIM

1 PLACE OF DEATH
County *Harris*

City *Houston* (No. *Baptist* St., *51* Ward)

2 FULL NAME *Wm Bailey* (a) RESIDENCE No. *1609* St. *Palk*
(If nonresident give city or town and State)
Length of residence in city or town where death occurred *2* yrs. *2* mos. *2* ds. How long in U. S., if of foreign birth? *2* yrs. *2* mos. *2* ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

6 DATE OF BIRTH *April 12 1888*
(Month) (Day) (Year)

7 AGE *38* yrs. *6* mos. *31* ds.
If less than 2 years state if breast fed If less than 1 day

8 OCCUPATION
(a) Trade, profession or particular kind of work *Ball player*
(b) General nature of industry, business or establishment in which employed (or employer) *Pitcher*

9 BIRTHPLACE (State or country) *Ark*

10 NAME OF FATHER *W. F. Bailey*

11 BIRTHPLACE OF FATHER (State or country) *Pa*

12 MAIDEN NAME OF MOTHER *R. E. Kern*

13 BIRTHPLACE OF MOTHER (State or country) *Pa*

14 THE ABOVE IS TRUE
(Informant) *Mrs L. E. McLean*
(Address) *1609 Palk*

15 Filled *NOV 2 1926*
J. McDonald
Registrar.

MEDICAL PARTICULARS

16 DATE OF DEATH *Nov 2 1926*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 1 1926*, to *Nov 2 1926*
that I last saw him *alive* on *11/2/26*
and that death occurred on the date stated above, at *4:45 P* M.

The CAUSE OF DEATH* was as follows:
Banti's Disease
(duration) *1* yrs. *2* mos. *2* ds.

Contributory (Secondary) _____
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted *Pa*
If not at place of death? _____

Did an operation precede death? *No* Date _____

Was there an autopsy? *No*
What test confirmed diagnosis *Chloroform*
(Signed) *Chloroform*, M. D.
11/3/26 1926 (Address) *3717 Main*

*State the disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19 PLACE OF BURIAL OR REMOVAL *Forest Park*

DATE OF BURIAL *Nov 7-26*

20 UNDERTAKER *Jude West*

ADDRESS *Houston*

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.