

1928

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

Do not use this space.

33972

1. PLACE OF DEATH

County Lawrence  
Towship Wagon  
City Aurora

Registration District No. 467  
Primary Registration District No. 4280  
(No. 317 W. Locust)

File No. 11  
Registered No. 85  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles Waylor

(a) Residence. No. 317 E. Locust St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Eliza Waylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 7 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maradocha Ill.  
(STATE OR COUNTRY)

10. NAME OF FATHER Phillip D. Waylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

14. INFORMANT Phillip Waylor  
(Address) Aurora Mo.

15. FILED Nov. 25 1927 R. W. Smart  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1927, to Nov. 24 1927, that I last saw him alive on Nov 24 1927, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy 82A  
arteriosclerosis 97  
hypertension 102  
CONTRIBUTORY High B.P. and actual lesion  
(SECONDARY) (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Ill.  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) W. H. Smart M. D.  
, 19 (Address) Aurora Mo.

\*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, CREMATION, OR REMOVAL Maple Park DATE OF BURIAL Nov. 27 1927

20. UNDERTAKER King and co ADDRESS Aurora

PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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terms

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THIS IS

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Lawrence Registration District No. 467 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4280 Registered No. 83  
 City Aurora (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles Naylor  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 24 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 7 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Maradochas Lee  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Philip Naylor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Philip Naylor  
 (Address) Aurora, Mo

15. FILED 7/10 1927 R W Smart REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 24 to Nov 24 1927  
 that I last saw him alive on Nov 24 1927, and that death occurred, on the date stated above, at 9:45 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

apoplexy  
1740  
 (duration) yrs. mos. da. \_\_\_\_\_  
 CONTRIBUTORY High blood pressure  
 (SECONDARY)  
Actual lesion (duration) 5 yrs. mos. da. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH High blood pressure

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) R W Smart, M. D.

, 19 (Address) Aurora, Mo

\*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, CREMATION, OR REMOVAL Maple Park Cem DATE OF BURIAL Nov 27 1927

20. UNDERTAKER King's Court Co ADDRESS Aurora

B.—Every item of information should be carefully furnished. AGE should be stated EXACTLY. PHYSICIAN should state to what extent of assistance he has rendered. CAUSE OF DEATH should be carefully stated. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. No state shall be classified.

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETELY PRESCRIBED BY LAW

SUPPLEMENTARY

S. 33972