

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

Do not use this space.

19862

**1. PLACE OF DEATH**

County Boyer  
Township Pleasant  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 58  
Primary Registration District No. 5092

File No. \_\_\_\_\_  
Registered No. 9

**2. FULL NAME**

Anna S. Nafus

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

Length of residence in city or town where death occurred 78 yrs. 1 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

2. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of George Nafus  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 26 - 1850  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 9 min.  
78 9 9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) Self  
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Madison, Mo  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Nafus

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

12. MAIDEN NAME OF MOTHER Ella Jane Green

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

14. INFORMANT J. C. Nafus  
(Address) Eldorado Springs Mo

15. FILED 6/5 1928 J. C. Nafus REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-5 1928  
17. I HEREBY CERTIFY, That I attended deceased from May 10 1928, to June 5 1928 that I last saw him alive on Friday June 5 1928, and that death occurred, on the date stated above, at 6:15 2:29 p.m.

THE CAUSE OF DEATH\* was as follows:  
Myocarditis Chronic  
1311  
936 (duration) 5 yrs. — mos. — ds.  
CONTRIBUTORY old sign - nephritis  
(SECONDARY) (duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED W  
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E. N. Chastee M. D.  
6/6 1928 (Address) Bullard 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 Rogers Cemetery DATE OF BURIAL June 7, 1928

20. UNDERTAKER J. C. Nafus ADDRESS Eldorado Mo

W. 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.

