

1928

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

Do not use this space.

M. Neal  
File No. 24697  
Registered No. 214  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Pettis Registration District No. 668  
Township Sedalia Primary Registration District No. 3032  
City Sedalia (No. P. Ky)  
2. FULL NAME Eugene Napier  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 - 1913  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 14 11 43  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work 485 535  
(b) General nature of industry, business, or establishment in which employed (or employer) 1255  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri  
10. NAME OF FATHER Ray Napier  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Iowa  
12. MAIDEN NAME OF MOTHER Mary Sigelovick  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Wash.

14. INFORMANT (Address) Ray Napier Sedalia, Mo  
15. FILED 7-31-28 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1928  
I HEREBY CERTIFY That I attended deceased from July 10 1928 to July 28 1928 that I last saw him alive on July 28 1928 and that death occurred, on the date stated above, at 17 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of right teread with metastasis in spinal cord lumbar region  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. 6 4 1  
CONTRIBUTORY (SECONDARY) Septic  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. 1 0 1

18. WHEN WAS DISEASE CONTRACTED Do not know  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Chemical diagnosis  
(Signed) Chas. M. D  
Sept 10 1928 (Address) Sedalia 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 Sedalia Mo DATE OF BURIAL July 30 1928  
20. UNDERTAKER Fellipsie ADDRESS Sedalia

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.

