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

Do not use this space.

19132

File No. .....
Registered No. .....

1. PLACE OF DEATH
County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 4468
City ..... (No. R.F.D. N. Ferguson Mo. ..... St. ..... Ward)

2. FULL NAME Lafayette Naylor.
(a) Residence. No. ..... St., ... Ward. Benton Ill.
(Usual place of abode) (If nonresident give city or town and State)
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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 29 1931

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 Mrs. M. A. Naylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29-1848

7. AGE: Years 83. Months 4 Days 0 If LESS than 1 day, ... hrs. or ..... min.

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): Realestate
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Wm Naylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Isabelle Anderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ind.

14. INFORMANT Mrs. M. A. Naylor.
(Address) Saegerstown Penn.

15. FILED 6/8, 1931 Dr Carl J. Kraut
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930, to May 29, 1931, that I last saw h. alive on May 24, 1931, and that death occurred, on the date stated above, at 2:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (Chr)
Arteriosclerosis (Chr)
Age
Gen
..... (duration) 1d 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) BC
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Louis Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) Robert S. Warner, M.D.
5-29, 1931 (Address) 535 Fumo Bldg St Louis 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 Benton Ill.
DATE OF BURIAL 5/29 1931

20. UNDERTAKER Mullen Und Co
ADDRESS 5765 Delmar.