

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.

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

Do not use this space.

4856

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 3819 Central st. St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME John Naylor  
(a) Residence, No. 3819 Central st. St. 5 Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 43 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 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. Anna Z. Naylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 10 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wholesale plumbing. 37

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

13. NAME Thomas Naylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales 4

15. MAIDEN NAME Lavinia Heavenor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

17. INFORMANT Mrs. Anna Z. Naylor  
(ADDRESS) 3819 Central St. K. C. Mo

18. BURIAL CREMATION, OR REMOVAL PLACE DATE Memorial Park 2-24-32 19.

19. UNDERTAKER Freeman Mortuary & Chapel  
(ADDRESS) Kansas City, Mo.

20. FILED 2/22 1932 M. M. Terome  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to Feb. 21, 1932  
I last saw him alive on Feb. 21, 1932. Death is said to have occurred on the date stated above, at 11: P.M.

The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of the tail of the Pancreas with metastasis to the Liver. H.P.E. Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? (D) Date of injury \_\_\_\_\_, 1932

Where did injury occur? (D)  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Carl P. Ferris, M. D.  
(Address) 934 Myrtle Bldg

