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.

AUG 23 1932

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

Do not use this space.

22235

1. PLACE OF DEATH
2 County Cedar — Registration District No. 163 — File No.
1 Township — Primary Registration District No. 4095 — Registered No. 51
2 City El Dorado Spgs (No. , St. Ward)

2. FULL NAME John Newton Nalley.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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) Mar 28 1861

7. AGE: YEARS 71 — MONTHS 3 — DAYS 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Pike Co Mo

FATHER
13. NAME William H Nalley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Mary J Bryson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) Mrs John S Smith El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Appleton City DATE July 26 1932

19. UNDERTAKER (ADDRESS) Carolyn Nafus. El Dorado Spgs Mo

20. FILED 7-25- 1932 J.W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24- 1932

22. I HEREBY CERTIFY That I attended deceased from July 19, 1932 to July 24-, 1932
I last saw him alive on July 24, 1932 Death is said to have occurred on the date stated above, at 8.40 m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

93

Other contributory causes of importance: Simple colitis (1)

Date of onset

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (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) J.W. Dawson, M. D.
(Address) El Dorado Spgs Mo