WRITE PLAINLY, WITH UNFADING INK--- IS A PERMANENT RECORD

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.

39635

1. PLACE OF DEATH

County Jackson Co. Registration District No. 899

Township Primary Registration District No. 1001

City Kansas City (No. St Joseph Hosp. St. Ward)

File No.

Registered No. 4640

2. FULL NAME Arthur Naylor

(a) Residence, No. 2600 Essex Kansas City Kans. Ward.
(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.

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 Mary Naylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8th 1866

7. AGE YEARS 66 MONTHS 3 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Montreal Canada

FATHER

13. NAME Jerome Naylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER

15. MAIDEN NAME Foley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Wife Mrs Mary Naylor
(ADDRESS) 2600 Essex

18. BURIAL, CREMATION, OR REMOVAL Shawnee Kans
PLACE Dec 10th 1932 19

19. UNDERTAKER Gates Funeral Home
(ADDRESS)

20. FILED Kansas City 12/8/32 M. M. Crowe asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932, to Dec 7, 1932

I last saw her alive on Dec 7, 1932. Death is said to have occurred on the date stated above, at 4:15 p.m.

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

	Date of onset
Hypostatic pneumonia	11/9/32
11 FB	
11 EC	
11 B	

Other contributory causes of importance:

Pyloric obstruction

Duodenal Ulcer (1)

Name of operation Gastroenterostomy Date of 11/6/32

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Park Neal, M. D.

(Address) 736 Argyle Kc Mo