

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

Do not use this space.

664

1. PLACE OF DEATH

32

County Wright
Township Patk
City Waverly (No. _____)

Registration District No. 53-64 ²⁶²
Primary Registration District No. 262 ⁵³⁶⁴

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence, No. Emma Naughton
Mayville, Mo. No. 1242 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Naughton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-30-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65- 8- 12-

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

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) Jan 2-1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Mrs. Naughton

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Jule Naughton

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Mo. DATE 1-14-34

19. UNDERTAKER (ADDRESS) N. B. Yagant

20. FILED 1/12 W. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1934, to 1-11, 1934

I last saw him alive on 1-10, 1934 Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Angina Pectoris

Date of onset 1-1-34

Other contributory causes of importance: _____

Name of operation no 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) W. Reynolds, M. D.
(Address) Waverly Mo

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.

