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

Do not use this space.

1. PLACE OF DEATH
County Callaway
Township ~~Fulton~~
City Fulton (No. ..... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 3008

File No. 8077
Registered No. 71

2. FULL NAME Benj F Naylor
(a) Residence, No. Marshall, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 24 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 Mrs B.F. Naylor.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

7. AGE: YEARS 82 | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) Saline Co. Missouri

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

MOTHER
15. MAIDEN NAME " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Records of State Hospital #1 Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall Mo DATE Mar. 28 1934

19. UNDERTAKER (ADDRESS) R.W. Campbell Marshall Mo

20. FILED 3/26 1934 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to March 26, 1934
I last saw his alive on March 26, 1934. Death is said to have occurred on the date stated above, at 6 48 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
1072	

Other contributory causes of importance:
Bronchopneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) T. S. Lapp, M. D.
(Address) Fulton, Mo.