

JUN 27 1936

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

Do not use this space

1935  
42116-1

1. PLACE OF DEATH

County Saline  
Township Wilson  
City Wilson (No. \_\_\_\_\_)

Registration District No. 798  
Primary Registration District No. 60334

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

John Warden Napier

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE (col) 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/21, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1935, to Dec 21, 1935.  
I last saw him alive on Dec 21, 1935. Death is said to have occurred on the date stated above, at 12:59 p.m.  
The principal cause of death and related causes of importance were as follows:

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 33 July 19 09 1.72

Date of onset

myocardial infarction and acute pulmonary tuberculosis

8. Trade, profession, or particular kind of work done, as spinner, lawyer, 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

Other contributory causes of importance:

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

13. NAME John Warden Napier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Napton, Mo.

15. MAIDEN NAME May Stevens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo. (Missouri)

17. INFORMANT May Stevens (ADDRESS) Wilson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wilson (Cem) DATE Dec 24, 1935

19. UNDERTAKER J. W. Williams (ADDRESS) 214 W. North St. Wilson, Mo.

20. FILED May 22, 1936 O. R. Chiswell Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) R. W. Stauffer, M. D.

(Address) Wilson, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Stauffer, M.D.

