

APR 24 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12122

1. PLACE OF DEATH

County Repley
 Township Shubert
 City Naylor

Registration District No. 751
 Primary Registration District No. 5990

File No. 9
 Registered No. 1305
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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)

widowed

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

Fannie Bond

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

Oct. 20, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

751125

OCCUPATION

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

Farmer

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 1

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

Albion, Edwards Co. Ill.

FATHER

13. NAME

unknown

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

unknown

MOTHER

15. MAIDEN NAME

Mary E. Griffin

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

Albion, Edwards Co. Ill.

17. INFORMANT (ADDRESS)

Charles Bond, Shubert, Naylor, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Naylor, Mo.DATE 3/131936

19. UNDERTAKER (ADDRESS)

Minnie Gish, Naylor, Mo.

20. FILED

3/131936St. Ambrose, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3/111936

22. I HEREBY CERTIFY, That I attended deceased from

Mar 91936to Mar 111936I last saw him alive on Mar 11, 1936. Death is saidto have occurred on the date stated above, at 6:30 a.m.

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

Liver pneumoniaDate of onset 3/8

Other contributory causes of importance:

sepsis and pyo-cardial change in heart.Name of operation none Date of _____What test confirmed diagnosis? chest 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 ind. 333

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) St. Ambrose

M. D.

(Address) Naylor, 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.

