FEB 7 1937

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

Do not use this space.

2012

File No.

Registered No. 2

1. PLACE OF DEATH

County Lawrence — Registration District No. 467

Township Aurora — Primary Registration District No. 4280

City Aurora (No. 212 West Church St. Ward)

2. FULL NAME William Roscoe Nay

(a) Residence, No. 212 W. Church St St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	10	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour Mill

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) Aurora Missouri

FATHER

13. NAME C. H. Nay

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

MOTHER

15. MAIDEN NAME Lula Chandler

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

17. INFORMANT C. H. Nay (ADDRESS) Aurora Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE Jan. 16 19 37

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED Jan. 16 19 37 R. W. Cowan, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1937, to Jan 15 1937, I last saw him alive on Jan 14 1937. Death is said to have occurred on the date stated above, at 8.45 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	?
Other contributory causes of importance:	
Ch. myocarditis	?

Name of operation none 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. W. Cowan, M. D.

(Address) Aurora, 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.