

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32187

1. PLACE OF DEATH

County.....

Township.....

City.....

St. Louis

Registration District No.....

Primary Registration District No.....

Missouri Pacific Hospital,

791

1003

File No.....

Registered No.....

8241

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

129 Elizabeth av.

St.....

N.R. Ward.

JACKSON TENN

(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

Female

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

John T. Naylor,

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

1882-8-29

7. AGE

YEARS

MONTHS

DAYS

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

35

55

-

2

OCCUPATION

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

At home

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)

Finger, Tenn.

FATHER MOTHER

13. NAME

W. F. Clayton,

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

Tenn.

15. MAIDEN NAME

Lucy Harris,

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

Tenn.

17. INFORMANT

(ADDRESS)

John T. Naylor,

Jackson, Tenn.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Jackson, Tenn.

DATE

9/1/37

19

19. UNDERTAKER

(ADDRESS)

Robert J. Ambruster,

Clayton Road at Concordia Lane

20. FILED

SEP 2 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9/1

1937

22. I HEREBY CERTIFY, That I attended deceased from

8/20

1937, to

9/1

1937

I last saw her alive on

9/1/37

1937

Death is said

to have occurred on the date stated above, at

5:30 p.m.

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

Carcinoma of Bladder
Urinary

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Cystoscopy 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

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?

If so, specify

(Signed) J. J. Vandover M. D.

(Address) 1755 S. Grand Blvd

