

REC'D MAY 9 1938

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

Do not use this space.

13488

1. PLACE OF DEATH

County JacksonRegistration District No. 379Township NewPrimary Registration District No. 1002City Kansas City (No. 6329)Baltimore

File No. _____

Registered No. 1468

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6329

(Usual place of abode)

Mrs. Faye M. Coy Naughton 235

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William P. Naughton</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 13, 1897</u>			
7. AGE	YEARS <u>40</u>	MONTHS <u>7</u>	DAYS <u>21</u>
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
	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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Mineral Kansas</u>
	13. NAME <u>Thomas M. Coy</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	15. MAIDEN NAME <u>Livina Staughton</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	17. INFORMANT (ADDRESS) <u>William P. Naughton 6329 Baltimore</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>April 6th 1938</u>	
19. UNDERTAKER (ADDRESS) <u>Horton Zuberhofme 4316 Dover Ave</u>	
20. FILED <u>Apr 5 1938</u> M. M. Brown Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1938, to April 4, 1938I last saw h. & x. alive on March 4, 1938. Death is said to have occurred on the date stated above at 9:30 p. m.

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

Cerebral hemorrhageDate of onset
Feb. 16
1938

Other contributory causes of importance:

Bilateral pyomyositis, Bilateral tumor of choroid plexus, Cystitis metastaticaName of operation none Date of _____What test confirmed diagnosis? Spinal fluid 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. at home

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. F. Pittman M.D., M. D.361 (Address) E. 39 Professional Bldg Kansas City, 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. File No. 13488
Township Primary Registration District No. Registered No. 1468
City (No. 6329) Lathrop St. Ward)

2. FULL NAME

Mrs. Faye McCoy Noughton
(a) Residence, No. 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 <u>FE</u>		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE		YEARS	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.				
	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)					
FATHER	13. NAME				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
	15. MAIDEN NAME				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
	17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL					
PLACE		DATE			
19. UNDERTAKER (ADDRESS)					
20. FILED <u>Apr 5 1938</u> <u>M. R. Crowe</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset
Bilateral Opi neoplasm
tumor of choroid
non-malignant

Other contributory causes of importance:
None

Name of operation Date of
What test confirmed diagnosis? 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. F. Pittman MD M. D.
(Address) 530 Professional Bldg

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

U. S. DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

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