

26390

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 626  
Township Palmer Primary Registration District No. 3035  
City Marionville Mo (No. St. Francis Hospital)

File No. 26390  
Registered No. 102  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Anna M<sup>e</sup> Naughton

(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>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>Sam M<sup>e</sup> Naughton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2, 1868</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>11</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		11. Total time (years) spent in this occupation
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)		

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

13. NAME  
John M<sup>e</sup> Calla

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

15. MAIDEN NAME  
Jacell Gurnea

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

17. INFORMANT (ADDRESS)  
Shelly M<sup>e</sup> Naughton

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Marie Hill DATE July 23, 1939

19. UNDERTAKER (ADDRESS)  
Lothy Tucker Funeral Home

20. FILED 7-28 1939 Marion E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1938, to 7/21, 1939  
I last saw him alive on 7/21, 1939. Death is said to have occurred on the date stated above, at 9:00 pm  
The principal cause of death and related causes of importance were as follows:

Postoperative pneumonia Date of onset 7/21/39  
Intestinal obstruction Date 7/18/39

Other contributory causes of importance:  
Cholera M<sup>e</sup> Carleton  
Cholera M<sup>e</sup> Gumbert  
W. B. G. G. G. G.  
Name of operation Relief of intestinal obstruction Date of 7/20/39  
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? NO  
If so, specify \_\_\_\_\_

(Signed) D. H. D. G. G., M. D.  
(Address) Quincy, Mo.

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

352  
RECEIVED

District Health Officer No. 111

District File Number 839-1070

Date Filed AUG 14 1939

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

26390  
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1. PLACE OF DEATH

(a) County Hodaway Registration District No. 625  
 (b) Township..... Primary Registration District No. 3031 Registered No. 7  
 (c) City Maryville (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna Mc Naughton  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19.....

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

I last saw h. .... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 11 19

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....  
 9. Industry or business in which work was done, as saw mill, bank, etc.....  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.....

Post-operative pneumonia  
intestinal obstruction  
caused by gallstone  
in situ  
 Date of onset 7/21

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

Other contributory causes of importance:  
Ch. myo. castitis  
Ch. Hepatitis  
Hypertension

13. NAME

Relief of Intestinal Obstruction

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

Name of operator Relief of Intestinal Obstruction Date of .....

15. MAIDEN NAME

What test confirmed diagnosis?..... Was there an autopsy?.....

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT (ADDRESS)

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS)

Manner of injury.....  
 Nature of injury.....

20. FILED 19.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....

(Signed) P. F. Bufland, M. D.  
 (Address) Burlington jet ms

Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

SUPPLEMENT

S-26390

1939