

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**

Do not use this space.

SEP 21 1936

30525

1. PLACE OF DEATH
 County Loscouade Registration District No. 305-
 Township Brush Creek Primary Registration District No. 5473
 City (No.) St. Ward)
 2. FULL NAME Christopher Columbus Naugle
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 01
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Oak Hill Mo.
 FATHER 13. NAME John Naugle
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Jane Hedric
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) normal at (COT) Cuba Mo. #41
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery DATE 8-20-36
 19. UNDERTAKER W. F. Galttmeister (ADDRESS) Owensville Mo.
 20. FILED 8-29 1936 J. F. Herrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Aug 18, 1936
 I last saw him alive on Aug 14, 1936 Death is said to have occurred on the date stated above, at 6:52 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Non Valvular Heart disease
 Date of onset 1932
 Other contributory causes of importance:
 Name of operation None Date of
 What test confirmed diagnosis? 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? No
 If so, specify (Signed) Joseph W. Mills, M. D.
 (Address) Owensville Mo

