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

JAN 10 1937

Do not use this space.

46992

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File No.

Registered No. 12815

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. 3926 Dodier St. St. Ward)

2. FULL NAME Francis X. Naughton,

(a) Residence, No. 3926 Dodier Str. St., 10 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1862

7. AGE: Years 74 | Months 7 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) St. Louis Mo.

FATHER

13. NAME Daniel Naughton

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

MOTHER

15. MAIDEN NAME Catherine Naughton

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

17. INFORMANT (ADDRESS) Miss Catherine Naughton 3926 Dodier St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec. 30, 1936

19. UNDERTAKER (ADDRESS) CULLINANE BROS. 1710 N. GRAND BLVD.

20. FILED DEC 29 1936, 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd, 1936, to Dec. 26th, 1936, I last saw him alive on Dec. 26, 1936. Death is said to have occurred on the date stated above, at 8.40P m.

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

Cerebral hemorrhage. — Date of onset 12-26

Other contributory causes of importance:

General arteriosclerosis — 4 yr.

Chronic interstitial nephritis 8 yr.

Name of operation none Date of

What test confirmed diagn. Phys. sign. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) Joseph Davis, M. D.

(Address) Century Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10M-1-20-36 I X7044

Dr. [illegible]
[illegible] 12 7[illegible]