

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

PLACE OF DEATH

JACKSON

County

Township

or

Village

or

City

KANSAS CITY

(NO. 3021 Spence

St. Ward)

FULL NAME John M. Vaughan

Registration District No.

399

File No.

31616

Primary Registration District No.

1002

Registered No.

3164

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED Married

DATE OF DEATH 9 28, 1911
(Month) (Day) (Year)

DATE OF BIRTH April 20, 1927
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 25, 1911, to Aug 25, 1911, that I last saw him alive on Aug 23, 1911, and that death occurred, on the date stated above, at 9 P. M.

AGE 84 yrs. 5 mos. 20 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Caulpointers
(b) General nature of industry, business, or establishment in which employed (or employer) S.D. & Co. Engineer

old age
45 A
16 1/2 (Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) MO

Contributory Capitex
(SECONDARY) (Duration) yrs. mos. ds.

NAME OF FATHER Emmario Vaughan

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kenn

MAIDEN NAME OF MOTHER Edna Link

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

(Signed) Walter J. Lowrey M. D.
89-28, 1911 (Address) 707 E. Long St. Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) S. J. Vaughan

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(ADDRESS) 302 Bevington

Where was disease contracted If not at place of death?

Filed SEP 28 1911 W. S. Wheeler

Former or usual residence

PLACE OF BURIAL OR REMOVAL Elmwood Ave DATE OF BURIAL Sept 30, 1911

UNDERTAKER W. S. Blackman ADDRESS 6606 Indp.

REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH
Jackson

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

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

County *Jackson* Registration District No. *999* File No. _____
 Township _____ or _____ Village _____ or _____ City *Waco City* (No. *302*) (St. _____ Ward _____) Primary Registration District No. *1002* Registered No. *3164*

FULL NAME *John M. Vaughn*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *M.* COLOR OR RACE *W.* SINGLE MARRIED WIDOWED OR DIVORCED *Married*

DATE OF BIRTH *April 20 1827* (Month) (Day) (Year)

AGE *84* yrs. *5* mos. *20* ds. If LESS than 1 day, hrs. or mins.

OCCUPATION (a) Trade, profession, or particular kind of work *Alportaler*
 (b) General nature of industry, business, or establishment in which employed (or employer) *W.O. Anderson*

DATE OF DEATH *9-28 1911* (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *July 25 1911*, to *8-25 1911*, that I last saw him alive on *8-25 1911*, and that death occurred, on the date stated above, at *9 P.M.*

The CAUSE OF DEATH* was as follows:
Old Age

BIRTHPLACE (City or town, State or foreign country) *Waco, Mo.*

NAME OF FATHER *Amos Vaughn*

BIRTHPLACE OF FATHER (City or town, State or foreign country) *Waco, Mo.*

MAIDEN NAME OF MOTHER *Ann Link*

BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Waco, Mo.*

Contributors (Duration) yrs. mos. ds. *Cancer on Sept*

(SECONDARY) (Duration) yrs. mos. ds. *William J. Long*

(Signed) *William J. Long* M.D. *9-28 1911* (Address) *709 Clay St.*

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *J. Vaughn*

(ADDRESS) *572 Benington*

Filed *NOV 9 1911* *W.S. Wheeler* REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL *Waco, Mo.*

DATE OF BURIAL *9-30 1911*

UNDERTAKER *H. B. Blackman*

ADDRESS *Waco, Mo.*

Original file, date *Sept. 28 1911* All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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