

I. WITH UNFADING INK—THIS IS A PERMANENT RECORD

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
County St. Louis St. Louis Co. Mo.
Township Randolph or
Village _____ or
City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 779 File No. 5919
Primary Registration District No. 6024-a Registered No. 12

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

FULL NAME Lena Shaugher

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Child
(Write the word)
DATE OF BIRTH Apr. - 2, 1913
(Month) (Day) (Year)
AGE 10 yrs. 10 mos. 10 ds. If LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH Feb. 13, 1914
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Jan. 30, 1914, to Feb. 13, 1914
that I last saw her alive on Feb. 11, 1914,
and that death occurred, on the date stated above, at 4 P. M.

OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

The CAUSE OF DEATH* was as follows:
Measles
107 A

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

Contributory Bronchial Pneumonia
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) M. B. Bush M. D.
Feb. 13, 1914 (Address) Flat Runners

PARENTS
NAME OF FATHER Howard Shaugher
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
MAIDEN NAME OF MOTHER Eurystia Hinkle
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) N. Shaugher
(ADDRESS) Duoye Mo

PLACE OF BURIAL OR REMOVAL Little Grove DATE OF BURIAL Feb 14, 1914
UNDERTAKER Yance ADDRESS Flat Runners

Filed 2/14, 1914 E. S. M. Oakland
REGISTRAR

