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

1 PLACE OF DEATH

County: Jackson

Township or Village: Washington / ~~Martin City~~

Registration District No.: 4004 — File No.: 24634

Primary Registration District No.: 1558 — Registered No.: 14

City: ..... (No. ..... St.: ..... Ward)

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

2 FULL NAME Susan Vaughn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan (Month) 16 (Day) 1853 (Year)

7 AGE: 63 yrs. 6 mos. 4 ds. — If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry business or establishment in which employed (or employer):

9 BIRTHPLACE (City or town, State or foreign country): Cass Co Mo

PARENTS

10 NAME OF FATHER: Don't know

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Don't Know

12 MAIDEN NAME OF MOTHER: Sarah Jackson

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): W J Bradford
(Address): Belton Mo

15 Filed: July 20 1916 E P Gregory, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 20 (Month) (Day) 1916 (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 19th 1916 to July 19th 1916 that I last saw h. alive on July 19th 1916 and that death occurred, on the date stated above at 12:30 p.m.

The CAUSE OF DEATH* was as follows:
Congestive Pectoris
94 H
(Duration) 80 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J N Blevins M. D.
..... 191..... (Address) Belton Mo Route 1

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

18 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

19 PLACE OF BURIAL OR REMOVAL: Mount Pleasant — DATE OF BURIAL: 7-22 1916

20 UNDERTAKER: O A G Grimke — ADDRESS: Belton Mo

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*, *Sarcoma*, 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.)

APR 28 1947

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

Do not use this space.

24684

File No.
Registered No.

1. PLACE OF DEATH
County Jackson Registration District No.
Township Washington Primary Registration District No.
City Martin City (No. St. Ward)

2. FULL NAME Susan Vaughn

(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: Female
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16-1853

7. AGE: Years 62 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Jacob Haney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Sarah —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

14. INFORMANT: Frank Vaughn
(Address): Martin City, Mo

15. FILED, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 19 15

17. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 10:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Failure
No Cure
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH Martin City
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No
(Signed), M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Belton, Mo. | DATE OF BURIAL 19

20. UNDERTAKER: W. D. Lindsay & Sons | ADDRESS K.C. Mo.

To James Stewart, M. D.,
State Health Commissioner,
Jefferson, City, Mo.

I, the undersigned, being the nearest living relative now living, hereby make application for the removal of the body of---- SUSAN VAUGHN ----who died on the 20th day of July, 1915, age 62 years, six months and four days, the cause of death being heart failure. The body is now in Self cemetery, MARTIN CITY, Mo. and reinterment is to be made in Belton, Missouri.

Name Frank Vaughn
Relationship son
Address [Martin City, Mo]

Subscribed and sworn to before me, a notary public, this 7th day of November, 1931

Fred P. Ludsley
Notary Public

SEAL

My Commission Expires Mar. 6, 1932.

24884

BY INVITATION

R. V. LINDSEY & SONS, INC.

FUNERAL HOMES

3811 BROADWAY

EXTRA SERVICE CHAPEL
239 WEST SEVENTY-FIFTH

KANSAS CITY, MO.

Nov. 11, 1931

James Stewart, M.D.
State Health Commissioner,
Jefferson City, Mo.

Dear Sir:-

In as much as the Self Cemetery from which this removal was made has no sexton, I, as sub-registrar for registration district 404, issued permit asked for. Said removal was made Nov. 10th.

Trusting this is in accord with regulations, I am

Respectfully yours,

Fred R. Lindsey (R)

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