

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

1 PLACE OF DEATH

County Osage Registration District No. 642 File No. 35898
 Township Washington or Village Primary Registration District No. 5851 Registered No.
 City (NO. St. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Eather Margaret Vaughan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)

16 DATE OF DEATH Oct 9 1917
 (Month) (Day) (Year)

6 DATE OF BIRTH Nov 5 1897
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 29 1917 to Oct 9 1917
 that I last saw her alive on Oct 9 1917
 and that death occurred, on the date stated above, at 2:00 p.m.
 The CAUSE OF DEATH was as follows:

7 AGE 19 yrs 11 mos 4 ds. If LESS than 1 day.....hrs. or.....min.?

Typhoid Fever
 (Duration) 01 yrs.....mos.....ds.

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

CONTRIBUTORY (Secondary) Duration..... yrs.....mos.....ds.
 (Signed) R. P. [Signature] M. D.
Oct 10 1917 (Address) Osage Mo

9 BIRTHPLACE (City or town, State or foreign country) Loon Creek Mo

PARENTS
 10 NAME OF FATHER Fritz Vaughan
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Loon Creek Mo
 12 MAIDEN NAME OF MOTHER Katie Bennett
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Loon Creek Mo

*State the Disease Causing Death, or, in deaths 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.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Fritz Vaughan
 (Address) Loon Creek Mo

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL....., 191.....
 20 UNDERTAKER ADDRESS

15 Filed Oct 12 1917 S. A. Bowler Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be carefully supplied. Exact statement of OCCUPATION is very important.

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 *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.)

1 PLACE OF DEATH

County

Washington

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

Township

Registration District No.

644

File No.

Village

Primary Registration District No.

5851

Registered No.

City

(NO.

St.

Ward)

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

2 FULL NAME

Esther Maggie Vaughn

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

F

W

M

16 DATE OF DEATH

6 DATE OF BIRTH

(Month) (Day) 1 (Year)

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7 AGE

If LESS than 1 day, hrs. or min.?

that I last saw him alive on 191 to 191 and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:

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(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country)

10 NAME OF FATHER

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

12 MAIDEN NAME OF MOTHER

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

Oct 18 7 S.A. Bowler

Registrar

CONTRIBUTORY

(Secondary)

(Duration) yrs. mos. ds.

(Signed)

M. D.

191 (Address)

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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

DATE OF BURIAL

Local

Oct 11 1917

20 UNDERTAKER

ADDRESS

Neighbors and for

DEATH in plain text. Information supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of cause of death is very important.

SUPPLEMENTARY INFORMATION

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health
Association)

35898

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