

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

2700

1. PLACE OF DEATH

County Phelps Registration District No. 1047 File No. 10
 Township North Dillon Primary Registration District No. 402 Registered No. _____
 City _____ (No. _____) St. _____ (Word)

2. FULL NAME

Madeline Vaughan
 (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 X yrs. X mos. 8 ds. How long in U.S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 18, 1921</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, - hrs. or - min.
<u>5</u>	<u>-</u>	<u>-</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ X

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St James
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER W. T. Vaughan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sage, Mo.
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Emma Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St James, Mo.
 (STATE OR COUNTRY) Missouri

14. INFORMANT W. T. Vaughan
 (Address) St James, Mo.

15. FILED Oct 22 9 10 James H. Cox
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21 1921

17. I HEREBY CERTIFY, That I attended deceased from Oct 13 1921, to Oct. 21 1921 that I last saw her alive on Oct 20 1921, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Electrocardiogram
1575 (duration) - yrs. - mos. 8 ds.
 CONTRIBUTORY Ornamental development
 (SECONDARY) B. Respiration & Circulation
 (duration) - yrs. - mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? X DATE OF X

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Walter S. Semell, M. D.
 , 19 (Address) St James, Mo.

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Barnwell - same DATE OF BURIAL Oct 22 1921

20. UNDERTAKER Geo A Cox ADDRESS Rolla, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, 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.

V. S. No. 2.

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: *Cerebral spinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); use of "Croup";

"Typhoid pneumonia"); *Lobar pneumonia, pneumonia* ("Pneumonia," unqualified, is *Tuberculosis of lungs, meninges, peritonitis, Carcinoma, Sarcoma*, etc., of (gin; "Cancer" is less definite; avoid use of for malignant neoplasms); *Measles; Whoop, Chronic valvular heart disease; Chronic nephritis*, etc. The contributory (second or recurrent) affection need not be stated important. Example: *Measles* (disease causing 29 ds.; *Bronchopneumonia* (secondary); Never report mere symptoms or terminal conditions such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Debility" ("Congenital," "Senile Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Shock," "Uremia," "Weakness," etc., definite disease can be ascertained as the Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL sepsis," "PUERPERAL peritonitis," etc. State cause which surgical operation was undertaken VIOLENT DEATHS state MEANS OF INJURY and AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by way train—accident; Revolver wound; of homicide; Poisoned by carbolic acid—probably*. 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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

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TRIAL
DATE OF
STATE
D. M. D.
sp.
sp.