

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

Do not use this space.

OCT 2 1927

25413

1. PLACE OF DEATH

County St. Louis Mo
Township Canon delat
City Koch

Registration District No. 1123
Primary Registration District No. 624 8 B
(No. Pub. Koch Hospital)

File No. _____
Registered No. 284
St. _____ Ward _____

2. FULL NAME

Jettie Lee Vaughan
(a) Residence. No. 1337 S. 13th St. _____ Ward. St. Louis Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 28 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20th - 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
23 5 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife
(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) Not known

10. NAME OF FATHER Lucas Todd

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

12. MAIDEN NAME OF MOTHER Fattie Richards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Pub. Koch Hosp. Records (Address) Koch Mo

15. Aug. 3, 1927 L. C. Oberack REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 3 - 1927
17. _____

I HEREBY CERTIFY, That I attended deceased from _____
2-28, 1927, to 8-3, 1927,
that I last saw him alive on 8-3, 1927, and that death occurred, on the date stated above, at 4-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular Pulverculosis

Indefinite (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Unknown

0 DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. X-Ray & Sputum
(Signed) Francis B. Weibel, M. D.

8-3 - 1927 (Address) Koch Hospital

*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 Poklar Bluff Mo DATE OF BURIAL Aug. 5, 1927

20. UNDERTAKER A. W. M. Laughlin ADDRESS 1631 Missouri

WRITE FULLY, 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.

