

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

Do not use this space.

15014  
Final 15884

**1. PLACE OF DEATH**

County Nevada  
Township Central  
City Nevada (No. \_\_\_\_\_)

Registration District No. 875  
Primary Registration District No. 3039

File No. \_\_\_\_\_  
Registered No. 116 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 929 Central St. Ward 5  
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
39      7      17

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

9. BIRTHPLACE (CITY OR TOWN) Nevada  
(STATE OR COUNTRY) Nevada Co.

10. NAME OF FATHER A. M. Landers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) P. R.  
(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Ruby Putnam

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) P. R.  
(STATE OR COUNTRY) Ind.

14. INFORMANT Charles Vaughn  
(Address) Nevada Ind.

15. FILED 5-7-28 E. A. King  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 17 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 13, 1928, to Apr 17, 1928 that I last saw her alive on Apr 17, 1928, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute pulmonary edema.

14503  
CONTRIBUTORY Skull fracture Oct 10, 1927 - Auto wreck,  
(SECONDARY) childbirth March, 1928 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Decompression October 1927.

WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.  
(Signed) W. B. Love M. D.  
Nevada, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Newton Cem. DATE OF BURIAL 4/19 1928

20. UNDERTAKER Ferry Funeral Home Nevada ADDRESS \_\_\_\_\_

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.

4/17/28

15014

