

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

Do not use this space.

21704

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 785

Township Meramec

Primary Registration District No. 6032

City St. Louis

(No. ....)

File No. ....

Registered No. 144

St. ....

Ward) ....

**2. FULL NAME**

Catherine Vaughn

(a) Residence. No. ....

St. ....

Ward. ....

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

(If nonresident give city or town and State)

**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**

John W. Vaughn

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sept. 13, 1874

**7. AGE**

53

YEARS

MONTHS

DAYS

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)

Perryville Mo

**10. NAME OF FATHER**

John Duggins

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Verde C. Mo.

**12. MAIDEN NAME OF MOTHER**

Dorah Cochran

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Perry Co. Mo

**14.**

INFORMANT (Address)

J. W. Vaughn  
St. Louis Mo

**15.**

FILED 7/15, 1928

C. E. Barnett  
Mo  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

December 14, 1928

**17.**

HEREBY CERTIFY That I attended deceased from Dec 31, 1927 to June 14, 1928 that I last saw her alive on June 14, 1928, and that death occurred, on the date stated above, at 9:30 A.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Carcinoma of  
uterus

**CONTRIBUTORY (SECONDARY)**

(duration) 1 yrs. 9 mos. 28 da.

(duration) .... yrs. .... mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, ....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ....

WAS THERE AN AUTOPSY? ....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. R. Reed, M. D.

6/14, 1928 (Address) St. Louis, 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**

DATE OF BURIAL

Yachalla Cemetery

June 16, 1928

**20. UNDERTAKER**

St. Louis  
Edmer Shepard 1167 Hamilton

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.

132. 1844

207. 1844