

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

Do not use this space.

40497

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 420
St. _____ Ward) _____

2. FULL NAME

Shirley Louise Vaughan
(a) Residence. No. 307 E. Alton St., _____ Ward. _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. _____ mos. _____ 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

6. MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF Jos. W. Vaughan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23rd 1876
7. AGE 53 YEARS 5 MONTHS 18 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) Knob Noster
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Allen Maerue

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

12. MAIDEN NAME OF MOTHER Young

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

14. INFORMANT W. S. Maerue
(Address) Holden, Mo.

15. FILED 12-11-29 F. L. Cook
W. Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1929, to Dec. 10, 1929, that I last saw her alive on Dec. 10, 1929, and that death occurred, on the date stated above, at 1:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rabies (Incurable)
104
10/11/29 (duration) _____ yrs. _____ mos. 8 ds.

CONTRIBUTORY (SECONDARY) 10/11/29
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. S. Allen, M. D.

12-11-1929 (Address) Independence, 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 Knob Noster Mo DATE OF BURIAL Dec 13 1929

20. UNDERTAKER W. S. Allen ADDRESS Holden Mo

Exact statement of Government of Missouri, 1930
CAUSE OF DEATH in plain terms, so that it may be properly classified.

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