

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

Do not use this space.

2974

**1. PLACE OF DEATH**

County..... Registration District No. 70111  
Township..... St. Louis mo. Primary Registration District No. 7024  
City..... St. Louis mo. (No. City Hospital # 2)

File No. ....  
Registered No. 425  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. 4124 (A) E. Bright St. 19 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>10/2/1860</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>69</u>	<u>3</u>	<u>11</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Child Labor</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Odd jobs</u> (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>				
PARENTS	10. NAME OF FATHER <u>Henry Vaughan</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
	12. MAIDEN NAME OF MOTHER <u>Jane Chambers</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>			
14. INFORMANT <u>A Gertrude Creath</u> (Address) <u>City Hospital # 2</u>				
15. <u>JAN 14 1930</u> FILED <u>19</u> <u>Wm E Starkey</u> REGISTRAR				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13-1930

17. I HEREBY CERTIFY, That I attended deceased from 12-13-29 to 1-13-1930 that I last saw him alive on 1-13-1930 and that death occurred, on the date stated above, at 3:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Chronic myocarditis  
93c  
(duration) 6 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) 905  
(duration) - yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH NO

DID AN OPERATION PRECEDE DEATH? NO DATE OF -

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? 2-Ray's clinical  
(Signed) H. E. Hale, M. D.  
1/13/1930 (Address) City Hosp. # 2

\*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 <u>Greenwood</u>	DATE OF BURIAL <u>1/15 1930</u>
20. UNDERTAKER <u>Manuel Gault Co</u>	ADDRESS <u>1405 1/2</u> <u>Juney</u>

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.

