

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

Do not use this space.

17677

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 10023

City St. Louis

(No. City Infirmary)

File No. _____

Registered No. 4767

St. _____ Ward _____

2. FULL NAME

Nancy Vaughn

(a) Residence. No. City Infirmary St. 13 Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. da. 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)

Widow

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

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

6-23-1854

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

75

10

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Hook - mil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Chesterville

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Marion Lester

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth Walton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14. INFORMANT

Nancy Vaughn
(Address) City Infirmary

15. FILED

19 May 15 1930
Max E. Starke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-13 1930

17. I HEREBY CERTIFY, That I attended deceased from
5-1, 1930, to 5-13, 1930
that I last saw her alive on 5-13, 1930 and that death occurred, on the date stated above, at 11:55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
930
97
(duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Arteriosclerosis

(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Keenan, M. D.

5-14, 1930 (Address) 5600 avenue

*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

New St Marcus Cem. May 15 1930

20. UNDERTAKER

E. J. Schur 3125 Lafayette av.

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.

