

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

Do not use this space.

37268

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 9894  
St. .... Ward)

13099

**2. FULL NAME** Bettie Vaughan

(a) Residence, No. 3015 Seasgold Place Ward. 21  
(Usual place of abode)

Length of residence in city or town where death occurred 49 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Vaughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3-5/22A  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bell Missouri

13. NAME George Pointer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Margaret Lamb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE New Pickers DATE Nov 10 1932

19. UNDERTAKER (ADDRESS) E. J. Schmaus

20. FILED NOV - 9 1932

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8th 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 1st 1932 to Nov. 8th 1932

I last saw her alive on Nov. 8th 1932 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis (Uremia)

Other contributory causes of importance:  
Strangulated Femoral Hernia with gangrene of intestine

Name of operation Splasty Date of 11-7-32  
What test confirmed diagnosis? ctd. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....

(Signed) Pyramus M. D.  
(Address) City Hospital

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.

Handwritten text at the top right corner, possibly a name or date, partially cut off.