

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

Do not use this space.

38916

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Lafayette Primary Registration District No. 2002  
 City Joplin (No. 1032) Jackson St. \_\_\_\_\_ Ward \_\_\_\_\_

**(2) FULL NAME**

Etta Della Vaughn  
 (a) Residence, No. 1032 Jackson St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. C. Vaughn  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 7 11

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo

13. NAME Chas DeFey

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

15. MAIDEN NAME Ruppert

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

17. INFORMANT J. C. Vaughn  
 (ADDRESS) 1032 Jackson, Joplin, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Laurier DATE Nov 29 1933

19. UNDERTAKER Paulhus Martigny  
 (ADDRESS) 1502 Joplin St

20. FILED 11-28 1933 Registrar J. C. Vaughn

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1933 to Nov 27 1933

I last saw him alive on Nov 27 1933. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance: Endocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? no  
 If so, specify \_\_\_\_\_

(Signed) J. C. Vaughn D.C.P.H.C. - M. D.  
 (Address) 34 1/2 main St

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.

JAN 4 1934

81  
31

Dr H Johnson  
503 P St  
St Paul