

JUL 29 1935

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

Do not use this space.

21985

1. PLACE OF DEATH

County Wright Registration District No. 907
Township Wright Pleasant Primary Registration District No. 6220
City (No.) _____ St. _____ Ward _____

File No. _____
Registered No. 14

2. FULL NAME

(a) Residence, No. _____ St. _____ Water _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Oscar Vaughn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22, 1884</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>0</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>lifetime</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Mo</u>		
13. NAME <u>J. C. Woods</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Mo</u>		
15. MAIDEN NAME <u>Nancy June Walker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Mo</u>		
17. INFORMANT (ADDRESS) <u>Dr. W. A. Zimmerman Maplefield Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barber</u> DATE <u>June 14, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>E. A. Stalle Manassah Mo</u>		
20. FILED <u>June 29, 1935</u> <u>J. P. D. Short</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1935

22. I HEREBY CERTIFY that I attended deceased from June 12, 1935 to June 12, 1935
I last saw him alive on June 12, 1935. Death is said to have occurred on the date stated above, at 1:25 A. M.
The principal cause of death and related causes of importance were as follows:
Acute Indigestion Date of onset June 11

Other contributory causes of importance:
Some infection

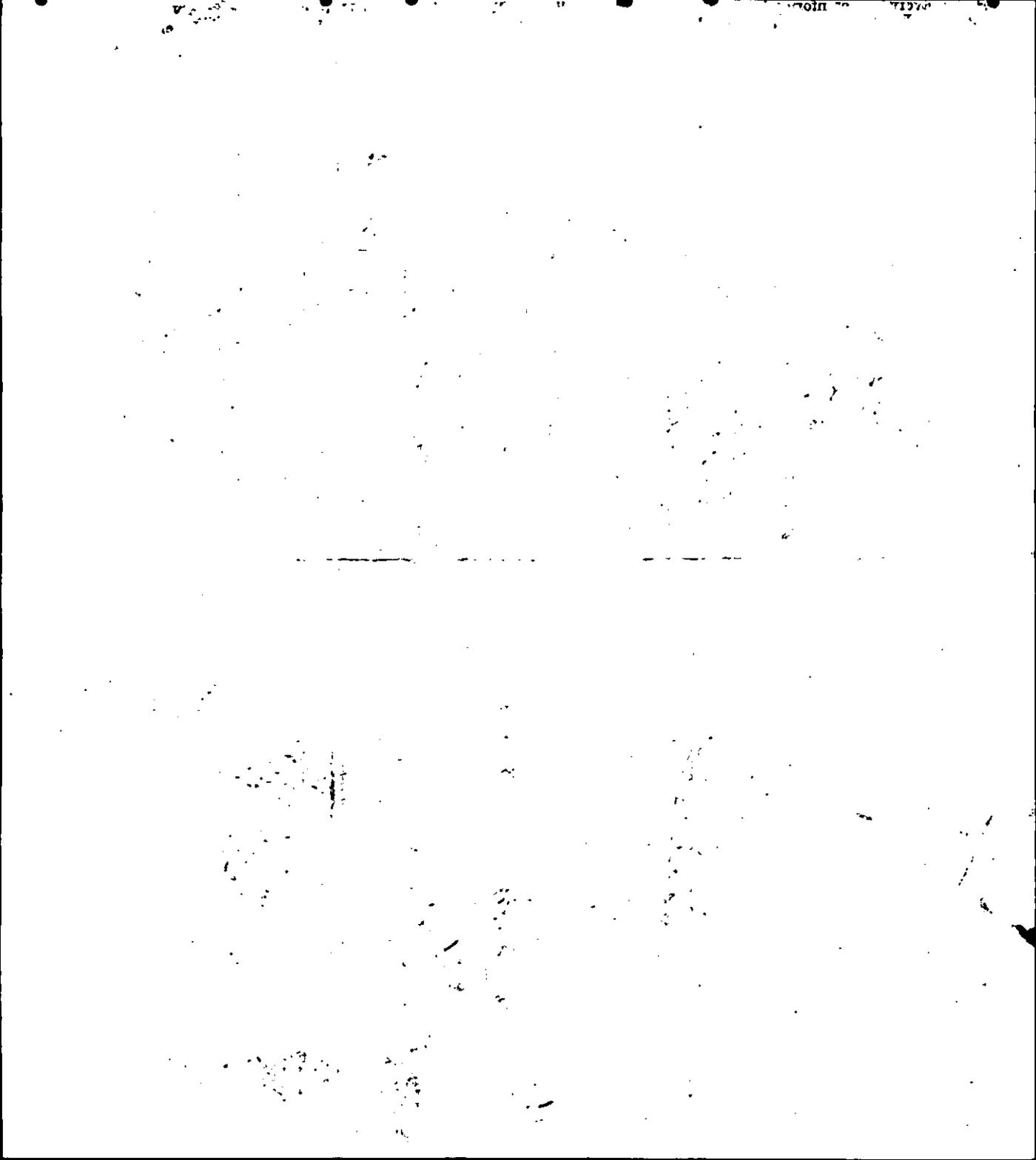
Name of operator _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Dr. W. A. Zimmerman D.
(Address) Maplefield Mo

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.



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1. PLACE OF DEATH

County Bright Registration District No. 907
 Township Elegant Valley Primary Registration District No. 6228
 City _____ St. _____ Ward _____

File No. _____
 Registered No. 114

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Margaret Louise Vaughn

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h_____ alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than day, _____ or _____ min

to have occurred on the date stated above, at _____ m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) _____ Total time (years) spent in this occupation _____

Acute indigestion Date of onset _____

Other contributory causes of importance _____

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

Name of operation _____ Date of _____

13. NAME

What test confirmed diagnosis _____ Was there an autopsy? _____

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

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____, 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED June 29, 1935 J. M. Short Registrar

If so, specify _____

(Signed) D. W. Fitzgerald M. D.

(Address) Manhattan, Mo.

SUPPLEMENTAL

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.

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SA WINGFIELD