

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

Do not use this space.

16313

JUN 25 1936

1. PLACE OF DEATH

County Pettis
Township La Monte
City La Monte (No.)

Registration District No. 667
Primary Registration District No. 4400

File No.
Registered No.
St. Ward

2. FULL NAME Lusan Routang Vaughan

(a) Residence, No. St. Ward

Length of residence in city or town where death occurred 82 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 09 - 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
96 2 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lancaster (STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Philip Routang
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mont Know (STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Catherine Montez
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mont Know (STATE OR COUNTRY) Maryland

14. INFORMANT Miss Edna Vaughan (Address) La Monte Mo

15. FILED 4-1319-36 B. F. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1936

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1936 to April 12, 1936 that I last saw her alive on April 12, 1936, and that death occurred, on the date stated above, at 10-40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
of 24
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Remiliter
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Paul. Thrope, M. D.
, 19 (Address) Franklin, Mo

*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 La Monte DATE OF BURIAL 4-13 1936

20. UNDERTAKER W. C. Muthrock ADDRESS Houston, Mo

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.

