

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

Do not use this space.

JUL 22 1936  
23236

**1. PLACE OF DEATH**

County Jasper Registration District No. 408  
Township \_\_\_\_\_ Primary Registration District No. 3020  
City Carthage - Mc Lane Branch Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bessie Alice Vaughan

(a) Residence, No. 1231 Reno St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 21 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**

**MEDICAL CERTIFICATE OF DEATH**

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 Louis Vaughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1903

7. AGE YEARS 32 MONTHS 11 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Barren County Missouri

13. NAME Edward Haftman

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

15. MAIDEN NAME Alice Emchert

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

17. INFORMANT Louis Vaughan (ADDRESS) 1231 Reno Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Public Cemetery DATE June 16, 1936

19. UNDERTAKER Knee Martiny (ADDRESS) Carthage, Missouri

20. FILED June 15, 1936 S. D. Clinton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1936

22. I HEREBY CERTIFY that I attended deceased from June 7, 1936 to June 12, 1936  
I last saw him alive on June 12, 1936. Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:  
Purpural Septicemia following abortion 4 1/2 mo. self induced July 0, 1936

Other contributory causes of importance none

Name of operation Curetment Date of June 9, 1936  
What test confirmed diagnosis? Rhaphy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) A. La Rose M. D.  
(Address) Carthage 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.

JUN 15 1948

APR 29 1948