

MAR 25 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County RandolphRegistration District No. 733Township SalisburyPrimary Registration District No. 5967

City

(No. \_\_\_\_\_)

St.

Ward

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

St., \_\_\_\_\_

Ward. \_\_\_\_\_

(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

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Femalewhitemarried

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

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

May 20, 1887

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

49822

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

## 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)

Tenn

## 13. NAME

Jeff D. Vaughan

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

Tenn

## 15. MAIDEN NAME

Isabella Adcock

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

Tenn

## 17. INFORMANT (ADDRESS)

Walter H. Patton  
Huntersville Tenn

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodland IndependentDATE Feb. 14, 1937

## 19. UNDERTAKER (ADDRESS)

Tom B. Patton  
Huntersville Tenn

## 20. FILED

Mar. 10 - 1937 Mrs. W. A. Bamhart  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 12, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937 to Feb 12, 1937I last saw him alive on Feb 12, 1937 Death is said

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

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

Lobar Pneumonia

Date of onset

## Other contributory causes of importance:

Influenza

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?

If so, specify \_\_\_\_\_

(Signed) W. C. Alvin, M. D.(Address) Wagon Hill Tenn

