

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francis Registration District No. 1115-
Township Wornack (Star Route) Primary Registration District No. 6021
City Wornack (Star Route)

File No. 13274
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Letha Lu Vaughn
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 6th 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 11 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as planner, 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) Reynolds mo.

FATHER
13. NAME Frank Robinson

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

MOTHER
15. MAIDEN NAME Myranda Baker

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

17. INFORMANT (ADDRESS) Pierce Vaughn Wornack Mo. Star Route

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Wornack Mo. Star Route DATE 3-20-37

19. UNDERTAKER (ADDRESS) Caldwell Bros Wornack Mo.

20. FILED 3-20-37 F. B. G. Rydeen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1937, to 3/18, 1937. I last saw her alive on 3/12/37, 1937. Death is said to have occurred on the date stated above, at 10 m.

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

Psychotic Chronic (Date of onset) 1936

Other contributory causes of importance: 1330
Infect of fall bladder & liver

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 _____, 1937

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) W. B. G. Rydeen, M. D.
(Address) Wornack 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.

