

I 20314

WRITE PLAINLY, WITH UNFADING INK. THIS IS A VITAL 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.

REC'D DEC 5 1938

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

Do not use this space.

39089

1. PLACE OF DEATH  
 36 County Franklin Registration District No. 297  
 Township \_\_\_\_\_ Primary Registration District No. 3016  
 8 City Washington (No. St. Francis Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME William Vaughn  
 (a) Residence, No. Bourbon, Mo. St. \_\_\_\_\_ Ward Bourbon, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred  yrs.  mos. 2 ds. How long in U. S., if of foreign birth?  yrs.  mos.  ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30-1919  
 7. AGE YEARS 19 MONTHS 3 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Café) Caf factory  
 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) Cuba  
 MOTHER  
 13. NAME Rosemond Vaughn  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Emmie Obafear  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT Hospital Records  
 (ADDRESS) St. Francis Hosp. Washington, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cuba Mo. DATE 11-5-38  
 19. UNDERTAKER E. E. Lacey  
 (ADDRESS) Quadrant, N. W. City  
 20. FILED Nov. 3-1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3-1938  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 1-1938 to Nov 3-1938  
 I last saw him alive on Nov 3-1938. Death is said to have occurred on the date stated above, at 6:00 Am.  
 The principal cause of death and related causes of importance were as follows:  
Shock due to auto accident  
 Date of case Nov 1-1938  
 Other contributory causes of importance:  
Fracture of left femur  
 Name of operation None Date of ✓  
 What test confirmed diagnosis Bieneal. Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury Nov 1-1938  
 Where did injury occur? Nov Bourbon, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Auto driver  
 Manner of injury Auto accident  
 Nature of injury Fracture of left femur and shock  
 24. Was disease or injury in any way related to occupation of deceased? yes  
 If so, specify Working with trash  
 (Signed) R. R. Quiles M. D.  
 (Address) Washington, Mo.  
 270

210m

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

39089

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297  
(b) Township..... Primary Registration District No. 3016 Registered No.....  
(c) City Washington (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Vaughn

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
19 3 3

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

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to... 19... Death is said

I last saw h..... alive on....., 19..... 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:

Shock due to auto accident Date of onset

Other contributory causes of importance:

Fracture of both femurs

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 accident Date of injury Nov 3, 1939

Where did injury occur? Near Parkers, Mo

(Specify city or town, county, and State)

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

Peoples Place on Canute Road

Manner of injury Tree trunk fell on

Nature of injury fracture of both femurs

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

If so, specify.....

(Signed) P. R. Cutler, M. D.

(Address) Washington Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement **ROWE INFORMATION** important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

20972

## STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## 1. PLACE OF DEATH:

County Franklin State MISSOURI Registered No. 2728-1139089  
 Township Washington or Village \_\_\_\_\_ or  
 City St. Francis Park No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

## 2. FULL NAME

Residence: No. 2428 Ward. 07  
Washington, Mo. (Usual place of abode) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2 (write the word)

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) July-30-1919

7. AGE 19 Years Months 3 Days 3 If LESS than 1 day, \_\_\_\_\_ hrs; or \_\_\_\_\_ mins.

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. Laborer  
 OCCUPATION 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cap Factory  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town and State or country): Mo.

13. NAME:

14. BIRTHPLACE (city or town and State or country): Mo.

15. MAIDEN NAME:

16. BIRTHPLACE (city or town and State or country): Mo.

17. INFORMANT (name and address):

18. BURIAL, CREMATION, OR REMOVAL:

Place \_\_\_\_\_ Date \_\_\_\_\_, 193

19. UNDERTAKER (name and address):

20. FILED \_\_\_\_\_, 193

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov-3-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938 to Nov. 3, 1938

I last saw him alive on Nov. 2, 1938 death is said

to have occurred on the date stated above, at 6:00 A.M.

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

Shock due to auto accident Date of onset 11-1-38

Truck turned over on  
deceased

Other contributory causes of importance:

Fracture of both femurs 11-1-38  
and shock

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 11-1-38

Where did injury occur Franklin Co., Mo.  
 (Specify city or town, county, and State)

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

Accident

Manner of injury as above

Nature of injury \_\_\_\_\_

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

If so, specify Working with truck

(Signed) W. D. Crotter - M.D.(Address) Washington, Mo.

616-3184

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I

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

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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### Example II

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

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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