

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

Do not use this space.

618

1. PLACE OF DEATH

County Cooper
Township Lafayette
City (No.)

Registration District No. 225
Primary Registration District No. 5306

File No.
Registered No. 1
St. Ward)

2. FULL NAME Martha Ann Vaughan

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 80 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Silas Vaughan</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar. 25 - 1849</u> | | | | |
| 7. AGE | YEARS <u>80</u> | MONTHS <u>9</u> | DAYS <u>30</u> | IF LESS than 1 day, hrs. or min. |
| 8. OCCUPATION OF DECEASED | | | | |
| (a) Trade, profession, or particular kind of work <u>Housewife</u> | | | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | | | |
| (c) Name of employer | | | | |

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

| | |
|---------|--|
| PARENTS | 10. NAME OF FATHER <u>A Phillips</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Elizabeth Smith</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> |

14. INFORMANT P.E. Smith
(Address) Woodridge mo

15. FILED Jan 31, 1930 W.E. Hooper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 24 1930

17. I HEREBY CERTIFY, That I attended deceased from June 25 1928 to 1-24-30, 1930 that I last saw h. alive on 1-17-30, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Valvular Disease of Heart
921
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A.R. Nusselt M. D.
1-24-30 (Address) Praine Home 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 Mt. Zion Cem DATE OF BURIAL 1-25 1930

20. UNDERTAKER C Albert Hornbeck Praine Home mo ADDRESS

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.

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31

