

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.

16833-1

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

Do not use this space.

16833-A

1. PLACE OF DEATH

68 County Moshatan Registration District No. 574
Township _____ Primary Registration District No. 5772A
City _____ (No. _____) St. _____ Ward _____

File No. 1932
Registered No. 959

2. FULL NAME

Zella Vaughan
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 Female 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 Frank Vaughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-16-1875

7. AGE YEARS 56 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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) Cole Co Mo

13. NAME Frank Lawrence

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

15. MAIDEN NAME Martha Hickman

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

17. INFORMANT Mrs. R. B. Egbert (ADDRESS) 121st Street Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jean Cem DATE 5/14/32

19. UNDERTAKER Walthams & Friedman (ADDRESS) California Mo

20. FILED May 10 1932 Ellis Drake Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to May 9 1932
I last saw her alive on May 9 1932 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 5-32

66B

Other contributory causes of importance:
Toxic enter ①

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) Ellis Drake M. D.
(Address) James town Mo

