

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

Do not use this space.

NOV 25 1935

33406

**1. PLACE OF DEATH**

County Monaghan  
Township Walker  
City Morgan (No. 1)

Registration District No. 571  
Primary Registration District No. 3769

File No. 60  
Registered No. 60 Ward         

**2. FULL NAME**

(a) Residence, No. Morgan St. Vaumer Ward.           
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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         

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 - 1872

7. AGE YEARS 63 MONTHS 5 DAYS 20 If LESS than 1 day, hrs. or min.

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

13. NAME John W. Vaumer

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

15. MAIDEN NAME Kate M. Laughlin

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

17. INFORMANT (ADDRESS) W. M. Vaumer

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 10/15 - 35

19. UNDERTAKER (ADDRESS) Bellevue & Friedman

20. FILED 10 - 15 - 1935 RR Popczoy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 13 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1935 to Oct 13 1935  
I last saw him alive on Oct 11 1935 Death is said to have occurred on the date stated above, at 5 P m.

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

Valvular heart disease & chronic nephritis (Cause unknown)

Other contributory causes of importance: 1/31

Name of operation none Date of         

What test confirmed diagnosis? urinalysis 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?         

(Signed) L. L. Latham M. D.  
(Address) California 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.

WHILE EXAMINING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

