

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

Do not use this space.

28874

**1. PLACE OF DEATH**

County Moniteau  
Township \_\_\_\_\_  
City Lepton (No. \_\_\_\_\_)

Registration District No. 575  
Primary Registration District No. 4339

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. - mos. - ds. How long in U. S., if of foreign birth? 6 yrs. - mos. - ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Nancy Vaught</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-11-1847</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>9</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>11-15-1920</u>	
	11. Total time (years) spent in this occupation <u>40</u>	

**MEDICAL CERTIFICATE OF DEATH**

1  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to 8-15-1931  
I last saw him alive on Aug 10, 1931. Death is said to have occurred on the date stated above, at 4:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of hand  
535 36  
Other contributory causes of importance \_\_\_\_\_

Date of onset \_\_\_\_\_

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	13. NAME <u>William Vaught</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Lida Reynolds</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
17. INFORMANT (ADDRESS) <u>J. B. Vaught, Lepton, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moniteau</u> DATE <u>8-16-1931</u>	
19. UNDERTAKER (ADDRESS) <u>Jessie E. Richards, Lepton, Mo.</u>	
20. FILED <u>8-16</u> , 19 <u>31</u> <u>Miss Sarah Jape</u> Registrar.	

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 \_\_\_\_\_, 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? no  
If so, specify \_\_\_\_\_  
(Signed) J. B. Norman, M. D.  
(Address) Lepton, 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.

SEP 26 1931

