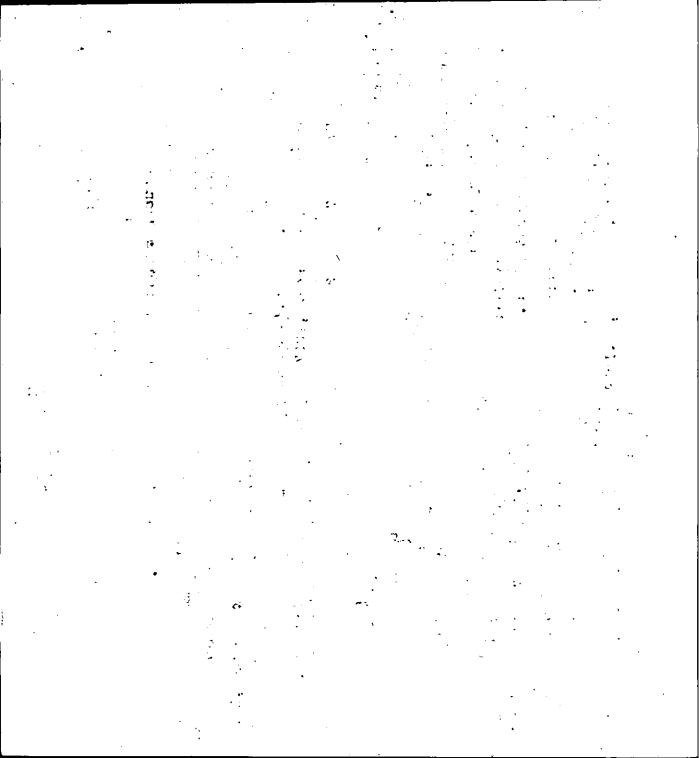
## الانعظي د ١١٠ MISSOURI STATE BOARD OF HEALTH Do not use this space. uld be stated EXACTLY. PHYSICIAINS snoung state Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 36728 1. PLACE OF DEATH County Moniteau Registration District No..... Primary Registration District No. Registered No..... Tipton City..... (a) Residence, No..... (Usual place of abode) (If nonresident, give city or town and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27.19134 DIVORCED (write the word) Female White Widow CERTIFY, That I attended deceased from SA, IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF** M . O . Vaught . (Deceased (OR) WIFE OF N. B.—Every item of information should be carefully supplied. AGE should? CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March. 4.1857 The principal sause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS MONTHS DAYS day. .....hrs. Date of onset 77 23 albahrus tron or .....min. 8. Trade, profession, or particular kind of work done, as spinner, At Home sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and year)...Oc.t.....2.3....1.934..... Other contributory causes of importance: occupation..... 12. BIRTHPLACE (CITY OR TOWN) Indiana 13. NAME Cicero Farris What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? 14. BIRTHPLACE (CITY OR TOWN).....(STATE OR COUNTRY) Indiana 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Margaret Mills. 16. BIRTHPLACE (CITY OR TOWN)...... Indiana (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Velma Chambers Manner of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify... (ADDRESS) (Signed)..... Iston ho (Address) 20. FILED.



ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

***************************************			*************
Ward.			
(If nonresident, give long in U. S., if of foreign birth?	yrs.	wn and St. mos.	ate) ds.
IEDICAL CERTIFICATE	OF DEA	тн	
EATH (MONTH, DAY, AND YEAR)	1 2	7	, 19 <i>5</i>
REBY CERTIFY, The	t I attend	ed deceas	ed from
to			, 19
alive	, 19.	Dea	th is sai
d on the care stated above, at	m.		
use of death and related causes o	f importan	e were as	follow
atetuelio	<b>~</b> ~	Dat	le of ons
Sue L.	**************	•••••	
0	***************************************		
Ecul Impu	· c/ca	•	***********
	ما بهر بها ۱۰۰ بسیاه د	· F.D	• • • • • • • • • • • • • • • • • • • •

....., Date of injury....., 19...... (Specify city or town, county, and State)

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

5-36728

.

•

1

. . . .

. 17