

REC'D AUG 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township Flat River
City Flat River (No. 250)

Registration District No. 774
Primary Registration District No. 446.5

File No. 26709
Registered No. 886
St. _____ Ward _____

2. FULL NAME

(a) 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? 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter J. Vaughn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1902

7. AGE YEARS 37 MONTHS 11 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) July 21, 1939 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ware, Mo

13. NAME Edgar Wells

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

15. MAIDEN NAME Dora Arbuckle

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

17. INFORMANT (ADDRESS) James W. Vaughn

18. BURIAL, CREMATION, OR REMOVAL PLACE Flat River DATE Aug 19

19. UNDERTAKER (ADDRESS) Sparks & Son St Louis Mo

20. FILED 8/9 1939 B. B. Herrier Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1939

22. I HEREBY CERTIFY That I attended deceased from July 15 1939 to July 31 1939

I last saw him alive on July 31 1939 Death is said

to have occurred on the date stated above, at 4:35 m.

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

Leukemia - myelogenic acute Date of onset _____

Other contributory causes of importance: 72

Name of operation _____ Date of _____

What test confirmed diagnosis? Blood 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? no

If so, specify _____

(Signed) Daley Applebury M. D.

(Address) River, 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.

