WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

27833

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4701
City Kansas City, Mo. (No. Trinity Lutheran Hosp. St. Ward)

2. FULL NAME Lucy Vaughn
(a) Residence, No. Lawrence, Kans. St., Ward. Lawrence, Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Vaughn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1882
7. AGE YEARS 49 MONTHS 5 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Henry County, Mo.

FATHER
13. NAME C. E. Powers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known N.Y.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Minn

17. INFORMANT (ADDRESS) Frank Vaughn Lawrence, Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence, Kans. DATE Nov. 26, 1931
19. UNDERTAKER (ADDRESS) Rumsey Bros. Lawrence, Kans.
20. FILED 11/24 1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/24/31, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931, to Nov 24, 1931
I last saw her alive on Nov 24, 1931. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism following operated for Ovarian Abscess	
Non puerperal 1398	
Other contributory causes of importance: 1118	
Chronic ovarian abscess	

Name of operation ..... Date of Oct 29
What test confirmed diagnosis? Operation Was there an autopsy? yes

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) H. S. Hickok, M. D.
(Address) 1025 Kialto Bldg.