

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.

22302

1. PLACE OF DEATH

County Boone  
Township Columbia  
City Columbia (No. ....)

Registration District No. 73  
Primary Registration District No. 3006

File No. ....  
Registered No. 155  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. .... 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Vaughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-1-1880

7. AGE YEARS 53 MONTHS 1 DAYS 10 If LESS than 1 day, .... hrs. or .... min.

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

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) May 1, 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway County Missouri

13. NAME, Hattie Vaughan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway County Missouri

15. MAIDEN NAME Caroline G. Hittler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway County Missouri

17. INFORMANT (ADDRESS) Hattie Vaughan Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calloway Co. Mo. DATE 7-15-33

19. UNDERTAKER (ADDRESS) Stuart J. Parker Columbia Missouri

20. FILED 7/17/33 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to July 11 1933  
I last saw him live on July 7 1933 Death is said to have occurred on the date stated above, at 8 a.m.

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

Bright's disease

Date of onset

Bank  
Hittler

Other contributory causes of importance:

Dropsy

Name of operation ..... Date of .....  
What test confirmed diagnosis? Symptoms 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) W. H. Norris, M. D.  
(Address) Columbia, Mo.

