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

128 Do not use this space.

29948

File No. 8633

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. Isolation Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John Vaughn

(a) Residence. No. 1016 A Franklin St., 25 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 23, 1865

7. AGE: Years 62 | Months 7 | Days 3 | If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer 1514
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown 130
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Texas

PARENTS

10. NAME OF FATHER: Arch Vaughn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Texas

12. MAIDEN NAME OF MOTHER: Minnie Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Missouri

14. INFORMANT: L. Kroner
(Address): Glen Avenue

15. FILED: Sep 27 1927, 19 Max C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept-26 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1927, to Sept-26, 1927, that I last saw him alive on Sept-26, 1927, and that death occurred, on the date stated above, at 10:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cellulitis of Chest Wall (Streptococcus)
Nephritis, Acute Hemorrhagic
(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (SECONDARY) Erysipelas of chest and Albuminuria (Non Tuberculous)
(duration) — yrs. — mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1016 A Franklin
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9/22/27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) George H Garrison, M.D.
, 19 (Address) Isolation Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oakwood — DATE OF BURIAL: 9-29 1927

20. UNDERTAKER: Geo C Green — ADDRESS: 3517 ~~[illegible]~~ Franklin

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.

THIS IS A PERMANENT RECORD