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

Do not use this space. 1044

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1092 — Registered No. [illegible]
City Kansas City Mo (No. 216 East Front St. Ward)

2. FULL NAME James Vaughn
(a) Residence No. 216 Front St., 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Vaughn
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 23 - 1857
7. AGE: 70 YEARS, 11 MONTHS, 12 DAYS. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Special Officer
(b) General nature of industry, business, or establishment in which employed (or employer): Union Depot
(c) Name of employer: Bridge & Termeral Co
9. BIRTHPLACE (CITY OR TOWN): Libert
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: F. J. Vaughn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Sarah Vanis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Sarah Vaughn
(Address) 216 East Front St
15. FILED Jan 6, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 5 1928
17. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19.., that I last saw h..... alive on ....., 19.., and that death occurred, on the date stated above, at ..... m.
Deputy Coroner
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
936
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
(duration) yrs. mos. ds.
129a
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) [illegible], M. D
Jan 6, 1928 (Address) Deputy Coroner

*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: Forest Hill Cem — DATE OF BURIAL: Jan 7 — 1928
20. UNDERTAKER: John W Wagner — ADDRESS: 1409 Grand Ave

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.