

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Wintona
City Warrensburg (No. _____)

Registration District No. 469
Primary Registration District No. 5080

File No. 9627
Registered No. 10
St. _____ Ward _____

2. FULL NAME

David Gordon Vaughan
(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

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

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

1853-3-20

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>73</u>	<u>3</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer Painter
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) MO

10. NAME OF FATHER

David Vaughan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER

Lucinda Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

14. INFORMANT

Miss Mary Vaughan
(Address) So. Greenfield 270

15. FILED

4-1-1928 W. S. Bunn
REGISTRAR

7 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar 25 1928

17.

I HEREBY CERTIFY That I attended deceased from Mar 10 1928, to Mar 17 1928 that I last saw him alive on Mar 17 1928, and that death occurred, on the date stated above, at 5:30 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis
131

129 W (duration) 1 yrs. 132 B mos. ds.

CONTRIBUTORY (SECONDARY)

129 W (duration) 1 yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urinalysis

(Signed) L. J. Holmes, M. D.

, 19 (Address) Miller mo

*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

Green field

DATE OF BURIAL

3-26-1928

20. UNDERTAKER

J. W. Morris

ADDRESS

Miller 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.

