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

Do not use this space.

40955

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5330
Township Kaw — Primary Registration District No. 802 — Registered No. 5330
City Kansas City (No. 3718 Gillham Rd. St. Ward)

2. FULL NAME Carr P. Vaughan
(a) Residence. No. 3718 Gillham Rd. St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret M. Vaughan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-19-1879

7. AGE: Years 49 | Months 10 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Oil Operator
(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): Missouri

PARENTS
10. NAME OF FATHER: Wm A Vaughan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Margaret Skinner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Edmund G Vaughan
(Address): New York City

15. FILED 12-21 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-18 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Dec 18, 19..., that I last saw him alive on Dec 18, 1928, and that death occurred, on the date stated above, at 9:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 210 M
Broncho-Pneumonia
100 ad (duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (SECONDARY): Auto Accident Sept 3-1928
In Tulsa Okla (duration) — yrs. 3 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Accident in Tulsa Okla
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory
(Signed) A J Mathen, M.D.
12-21, 1928 (Address) 1207 Realty KC

*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: Elmwood Cemetery — DATE OF BURIAL: 12/21 1928

20. UNDERTAKER: Stine & McClure U. Co. — ADDRESS: 3235 Gillham Plaza

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.

1.30

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