

JAN 23 1928

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

Do not use this space.

741450

1. PLACE OF DEATH

County Jackson
Township Warrensburg
City Warrensburg (No.)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. 581 7th Street St. 1st 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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Young

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin. about 65

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Vaughan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dist. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susan Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Frank Vaughan
(Address) Warrensburg Mo.

15. FILED 12/27, 1928 M. L. Talbot
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 P.M. Dec 22 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1928, to Dec 22, 1928 that I last saw her alive on Dec 32, 1928, and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Degeneration

9 yr (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90% (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Obermeyer M.D.
, 19 (Address) Warrensburg

*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 Warrensburg DATE OF BURIAL DEC 26 1928

20. UNDERTAKER L. C. Gore ADDRESS Warrensburg Mo.

N. B.—Every item of information should be carefully supplied. AGB 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.

