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

Do not use this space.

5814

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible]
Township Kaw — Primary Registration District No. [illegible]
City Kansas City (No. St. Mary's Hospital St. Ward)

File No. [illegible]
Registered No. [illegible]

2. FULL NAME VAUGHAN, Mary Imilda
(a) Residence. No. St. Michaels School St., 14 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 28/'99

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	31	5	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teacher 215
(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 William Vaughan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Virginia Everett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missoouri

14. INFORMANT Mrs. Virginia Vaughan
(Address) Denver Colorado

15. FILED 2/24, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1931 to Feb 22, 1931 that I last saw her alive on Feb 22, 1931, and that death occurred, on the date stated above, at 10:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcus infection of upper lip
8783
36 (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Gangrenous stomatitis
(duration) yrs. mos. 2 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? Clinical
(Signed) [illegible] Jones, M.D.
Feb 24, 1931 (Address) 1014 Argyle Bldg. K.C.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	DATE OF BURIAL
St. Mary's Cemetery	2/25/31

20. UNDERTAKER	ADDRESS
Mellody McGilley Fu. Home	K.C.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.