MAR 25 1931

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

Do not use this space.
6054

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township Valle — Primary Registration District No. 5574 — Registered No. 16
City (No. St. Ward)

50

2. FULL NAME Charles Franklin Vaughn
(a) Residence. No. DeSoto Mo. R.R. 2 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: Sophia Louise Vaughn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 25 1855

7. AGE: Years 75 — Months 4 — Days 14 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): DeSoto Mo. RR 2 Mo.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown
12. MAIDEN NAME OF MOTHER: Caroline Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): DeSoto Mo. #2 Mo.

14. INFORMANT (Address): Frank Vaughn Jr. DeSoto Mo. Route 2

15. FILED 7/11, 1931 D. L. Rangely REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 9 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 1926 to 2-4, 1931 that I last saw him alive on 9-27, 1930, and that death occurred, on the date stated above, at 8 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Paroxysmal Tachycardia (*)

95A
162

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) yrs. mos. ds.

95A

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? Physical

(Signed) Chas E. Fallet, M. D.
2/10, 1931 (Address) DeSoto 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: Woodlawn Park — DATE OF BURIAL: Feb. 11 1931

20. UNDERTAKER: Donnell B. Dietrich — ADDRESS: DeSoto Mo.

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.

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

Do not write in this space

6664

1. PLACE OF DEATH

County

City or town

Ward

Hospital or other institution (name)

Registration District No.

Primary Registration District No.

File No.

Registered No.

2. FULL NAME

3. SEX

4. COLOR OR RACE

5. (a) Married, widowed, or divorced

(b) If married, widowed, or divorced, husband or wife of (name)

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

7. AGE: Years, Months, Days, If under 1 year: Months, Days, Hours

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which engaged (or employer)

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT

(Name)

(Address)

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

I HEREBY CERTIFY, THAT I attended deceased from ..... 19.. to ..... 19.. I last saw him alive on ..... 19.. and that death occurred on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(Signed) ..... M. D.

(Address) ..... Date ..... 19..

CONTRIBUTORY (SECONDARY)

(Specify)

16. WHERE DID DEATH OCCUR?

IF NOT AT PLACE OF DEATH

(Name of institution or hospital) (City or town) (County) (State)

DID AN OPERATION PRECEDE DEATH?

WAS PHYSICIAN ATTENDED?

WHAT TEST OWNED WHO DIAGNOSED?

(Signed) ..... M. D.

(Address) ..... Date ..... 19..

*State the Disease or Condition Directly Causing Death. In the Event of Violent Death, State (1) Nature of Injury, (2) Whether Accidental, Suicidal or Homicidal.

17. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

18. UNDERTAKER

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS

Do not write in this space

MAR 25 1931

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1. PLACE OF DEATH
County Jefferson
Township Valle
City (No. St. Ward)

Registration District No. 420
Primary Registration District No. 5574

File No.
Registered No. 1

2. FULL NAME Charles Franklin Vaughn
(a) Residence. No. DeSoto Mo. RR 2 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 Sophia Louise Vaughn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 24, 1854

7. AGE Years 75 Months 4 Days 14 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) DeSoto Mo. RR 2
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER William T. Vaughn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Southampton, County, Virginia
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Caroline Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DeSoto Mo. #2
(STATE OR COUNTRY) Mo.

14. INFORMANT Frank Vaughn Jr.
(Address) DeSoto Mo. Route 2

15. FILED 7/11, 1931 D. L. Rangely REGISTRAR

Verf. by History of Mo Illustrated, 1888

MEDICAL CERTIFICATE OF DEATH

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(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
Items #6, 10 & 11 corr. by aff. from daughter - ~~10xxxx~~ 10-11-78

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Chas E. Fallet, M.D.

2/10, 1931 (Address) DeSoto Mo

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DATE OF BURIAL Feb. 11 1931

20. UNDERTAKER Donnell B. Dietrich
ADDRESS DeSoto Mo.

10-12-78