

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

Do not use this space.

41618

1. PLACE OF DEATH

County Monroe Registration District No. 581
 Township Monroe Primary Registration District No. 4343
 City Monroe City (No. 316) Green St. 1 Ward

File No. _____
 Registered No. 28
 St. 1 Ward

2. FULL NAME

Addison Montgomery Vaughn
 (a) Residence, No. 316 Green St., 1 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marcella Anne Vaughn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25th 1853</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>
	DAYS <u>6</u>	IF LESS THAN 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 1931</u>	
	11. Total time (years) spent in this occupation. <u>57 yrs.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co. Missouri</u>		
FATHER	13. NAME <u>James M. Vaughn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Gay</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>M. B. Vaughn Montgomery City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter Cemetery</u> DATE <u>Dec 31</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Wilson & Son Monroe City Mo.</u>		
20. FILED <u>1272</u> 19 <u>31</u> <u>O. W. Wilson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1st 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th 1931, to Dec 1st 1931
 I last saw him alive on Dec 1st 1931 Death is said to have occurred on the date stated above, at 8:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis (Chung block)
 Other contributory causes of importance:
94B
95A
94B

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Geo. Pipkin, M. D.
 (Address) Monroe City, 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.

