

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

Do not use this space.

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1. PLACE OF DEATH *Carroll*
 17 County *Carroll* Registration District No. *139*
 7 Township *State Ground* Primary Registration District No. *4079*
 1 City *Tina* (N) St. _____ Ward _____

2. FULL NAME *Neal Vaughan*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 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.

File No. _____
 Registered No. *1*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Love Vaughan*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *10 9 1872*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 3 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer 11*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *57A*
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) *Tina* (STATE OR COUNTRY) *Mo*

13. NAME *Cornelous C. Vaughan*

14. BIRTHPLACE (CITY OR TOWN) *Page Co Mo* (STATE OR COUNTRY) _____

15. MAIDEN NAME *Louisa Bratherton*

16. BIRTHPLACE (CITY OR TOWN) *Kentucky* (STATE OR COUNTRY) *2*

17. INFORMANT (ADDRESS) *Opal Vaughan* *Tina Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Coloma Mo* DATE *13 1932*

19. UNDERTAKER (ADDRESS) *W. A. Farabee* *Tina Mo*

20. FILED *Jan 12 1932* *O. P. Edwards* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 11 1932*

22. I HEREBY CERTIFY, that I attended deceased from *Jan 8 1932* to *Jan 11 1932*
 I last saw him alive on *Jan 11 1932* Death is said to have occurred on the date stated above, at *9:30* a.m.
 The principal cause of death and related causes of importance were as follows:

Lagrippe
Spinal Arteritis
 Date of onset *Jan 8*
3 yrs.

Other contributory causes of importance:
110

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____ *(D)*

24. Was disease or injury in any way related to occupation of deceased? *NO*
 If so, specify _____

(Signed) *O. P. Edwards*, M. D.
 (Address) *Tina, Mo.*

WRITE FULLY, 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.

FEB 23 1932

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