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 25 1932

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

Do not use this space.

1879

1. PLACE OF DEATH
72 County New Madrid — Registration District No. 603 — File No.
6 Township — Primary Registration District No. 4357 — Registered No. 1
3 City Morehouse (No. ..... St. ..... Ward)

2. FULL NAME John Franklin Vaughn
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19-31
7. AGE: YEARS — MONTHS 8 DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morehouse Mo 1

FATHER
13. NAME: John Vaughn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morehouse Mo 8

MOTHER
15. MAIDEN NAME: Anna Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Matthews Mo

17. INFORMANT (ADDRESS): John Vaughn Morehouse
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hart Cemetery DATE Jan 2 1932
19. UNDERTAKER (ADDRESS): John Parrish
20. FILED 1-2- 1932 John T. Parrish Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 1, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1931, to Jan 1, 1932
I last saw him alive on Jan 1, 1932. Death is said to have occurred on the date stated above, at 3:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	
Pertussis	
158	

Other contributory causes of importance: (1)

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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Howard McKendy, M. D.
(Address) Sikeston Mo