

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.

MISS 93 1932

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

Do not use this space.

22341

1. PLACE OF DEATH
 26 County Lea Registration District No. 213
 50 Township Jefferson Primary Registration District No. 3014
 8 City Jefferson (No.) St. Ward
 2. FULL NAME Mary Vaughan
 (a) Residence, No. St. Ward Dixon Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 164
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Vaughan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20-1867
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 10 3
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. as Home 235
 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) Lea Co Mo
 13. NAME By Chrisman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Fred Fieber
 (ADDRESS) Dixon Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dixon Mo DATE 7/25 1932
 19. UNDERTAKER Dawson Tanner
 (ADDRESS) Dixon Mo
 20. FILED 7/23/32 J. Bedford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1932
 22. I HEREBY CERTIFY, that I attended deceased from July 20 1932 to July 23 1932
 I last saw her alive on July 23 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Calcium of stomach
 Other contributory causes of importance Previous vomiting
 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?
 If so, specify
 (Signed) M. D. Bedford, M. D.
 (Address)

Date of onset 19 days ago

