

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

Do not use this space.

29211

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 13384
Township Kaw Primary Registration District No. 1003 Registered No. 13384
City Kansas City (No. 7124 Indiana Ave. St. _____ Ward _____)

2. FULL NAME Mrs. Elizabeth Jane Vaughn

(a) Residence, No. 7124 Indiana Ave. St. 16 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 10 28 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Indiana (STATE OR COUNTRY) I

13. NAME Nathan Grimes

14. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY) 31C

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY)

17. INFORMANT James S. Stockwell (ADDRESS) 7124 Indiana Ave. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 9-7-32 19.

19. UNDERTAKER Freeman Mortuary and Chapel (ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 9-6- 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1932 to Sept 5, 1932
I last saw her alive on Sept 5, 1932 Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia
Arterio-Sclerosis
Senility
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ 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) George C. Lee, M. D.
(Address) 1006 Angelle Bldg. Kansas 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.

Q. P. Mc
Apple Valley
11:30 to 3:00