

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

Do not use this space.

APR 24 1933

PLACE OF DEATH

County Oregon
Township Big Apple
City (No.)

Registration District No. 631
Primary Registration District No. 5833

File No. 2548-A
Registered No. 1-1933
St. Ward

2. FULL NAME Charles Richard Vaughan

(a) Residence, No. St. Ward
(Usual place of abode)

(If nonresident, give city or town and State)

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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 27 - 32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 7 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Oregon Co., Mo.

13. NAME Ernest E. Vaughan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co. Mo.

15. MAIDEN NAME Lessie Ardula Patton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sons Wile, here DATE 1-19-33

19. UNDERTAKER (ADDRESS)

20. FILED 3/10 1933 Pearl Milledreiter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-33

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933 to Jan 17, 1933

I first saw alive on Jan 17, 1933 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:

Broncho Pneumonia 1/5/33
107th 107th A

Other contributory causes of importance:

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) J. Frank Guire, M. D.
(Address) Washington Mo.

Gullie

N. B.—Every item of information should be carefully supplied. AGE shown by CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. This certificate was sent in to me late so could not send in

