

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.

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

Do not use this space.

5186

1. PLACE OF DEATH
 28 County Crawford Registration District No. 230
 Township Benton Primary Registration District No. 5312
 City Cuba (No. _____) St. _____ Ward _____

2. FULL NAME La Vega Emmet 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 male 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 Lena Gorman Vaughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 4 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) July, 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesville, Mo.

13. NAME James Francis Vaughan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tribune, Mo.

15. MAIDEN NAME Rhoda Emeline Logan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tribune, Mo.

17. INFORMANT Mrs. P. J. Phipps (Sister)
 (ADDRESS) 6826 Rungshubly, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cuba Mo. DATE Feb 16, 1933

19. UNDERTAKER W. H. Valley
 (ADDRESS) Cuba, Mo.

20. FILED Mar 4 1933 G. G. R. Ferguson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1933

22. HEREBY CERTIFY, That I attended deceased from January 1932, to February, 1933
 I last saw him alive on Feb 13, 1933 Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
Vegetation Date of onset _____
Endocardites
56 E
91 B 9/13
 Other contributory causes of importance: Phlebitis

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) W. D. Henderson, M. D.
 (Address) Cuba Mo.

