

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.

5846

1. PLACE OF DEATH

County JACKSONRegistration District No. 888Township KAWPrimary Registration District No. 1000City KANSAS CITY (No. 2430-NORTON)

File No. _____

Registered No. 903

St. _____ Ward _____

2. FULL NAME MRS. SARAH ALICE VAUGHAN(a) Residence, No. 2430-NORTON St. _____ Ward _____

(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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN L. VAUGHAN6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-7-18607. AGE YEARS 72 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.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. _____

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) KENTUCKY13. NAME W. H. HALL14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY15. MAIDEN NAME MOURING SISK16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY17. INFORMANT MR. JOHN L. VAUGHAN (ADDRESS) 2430-NORTON AVE.18. BURIAL, CREMATION, OR REMOVAL PLACE MEPHERSON, KANS. DATE FEBRUARY 24, 193319. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI20. FILED 23 19 33 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY-22, 193322. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1933, to Feb 22, 1933I last saw her alive on Dec 15, 1933 Death is saidto have occurred on the date stated above, at 4:30 P. m.

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

Urgina Pectoris94/102 94/0Date of onset after 2 years

Other contributory causes of importance:

Hypertension

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. M. Davis, M. D.(Address) 2400 E. 12th

2400 Cypress St.

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