SEP 11 1934

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

Do not use this space.

28513

1. PLACE OF DEATH
County Callaway, Registration District No. 104 File No.
Township Round Prairie Primary Registration District No. 3765 Registered No. 209
City (No. , St. Ward)

2. FULL NAME [redacted], Lenanard Vaughn, (LELAND?)

(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: Negro,
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 5th, 1934,

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Mo,

FATHER
13. NAME Geo- Vaughn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

MOTHER
15. MAIDEN NAME Lulu Brown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,

17. INFORMANT Geo-Vaughn,
(ADDRESS) Fulton, Mo, R, F, D, #3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Prarie Fork DATE Aug, 7th, 34

19. UNDERTAKER Herndon-Taylor Furn-Co,
(ADDRESS) Fulton, Mo,

20. FILED 8-7 1934 A. M. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug-5, 1934, to Aug-6, 1934

I last saw him alive on Aug-6, 1934. Death is said to have occurred on the date stated above, at 3,20 P. M.

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

	Date of onset
60B	
8b Convulsions	

Other contributory causes of importance:

Convulsions
Exhaustion

Name of operation none Date of
What test confirmed diagnosis? N 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. A. Richardson, M. D.
(Address) Fulton 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.

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Callaway

209

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Leland Vaughn

Who died at _____ on Aug 6 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race B Single, ~~married, widowed or divorced:~~ _____

Date of birth _____ Age: Years 0 Months 0 Days 1

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Convulsions Exhaustion

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Child born at full term.

Birthplace of father (State or country) Death caused by trauma

Birthplace of mother (State or country) during birth which was

Principal cause of death: followed by Convulsions

1606

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar [signature] Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 104

Primary Reg. Dist. No. ~~15~~ 65
5165

Very truly yours,

E. T. McGaugh M.D.
G.C.

Special Agent.

S-28513