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.

SEP 17 [illegible]

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

Do not use this space.

30006

1. PLACE OF DEATH
County Livingston — Registration District No. 512 — File No.
Township Mooresville — Primary Registration District No. 5679 — Registered No. 17
City (No. , St. Ward)

2. FULL NAME Eliza May Vaughn
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. F. Vaughn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 28 1899

7. AGE: YEARS 35 — MONTHS 6 — DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
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): Macon Co Mo

FATHER
13. NAME: J. J. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Anna Kelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): J. F. Vaughn R F D Mooresville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mooresville DATE Aug 2 1934

19. UNDERTAKER (ADDRESS): F B Norman Chillicothe Mo

20. FILED Aug 2 1934 Anna L Carpenter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1934, to July 30, 1934
I last saw her alive on July 30th, 1934. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
23A	
Tuberculosis of Lungs	1933

Other contributors causes of importance: 23

Name of operation: Ops Date of
What test confirmed diagnosis? Labatory 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) A. R. Wilsey, M. D.
(Address) Breckenridge, MO.