

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

Do not use this space.

12850

MAY 24 1935

1. PLACE OF DEATH

County Jackson
 Township Stow
 City St. Charles

Registration District No. 350
 Primary Registration District No. 911 East 14th St

File No. 14005
 Registered No. 14005
 St. St. Charles Ward 1

2. FULL NAME

Fred Vaughn

(a) Residence, No. 911 E 14 St., St. Charles 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-22-1882

7. AGE YEARS 53 MONTHS 2 DAYS 19 IF LESS than 1 day, hrs. or min.

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

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) Iowa

13. NAME Thomas Vaughn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Sarah French

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

17. INFORMANT Mr. Otis Vaughn (ADDRESS) 4426 Gilmores

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE Apr. 11 1935

19. UNDERTAKER (ADDRESS) W. J. Opheiler 1415 East 15

20. FILED 4-10 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9 1935 to Apr 9 1935

I last saw him alive on April 9 1935. Death is said to have occurred on the date stated above, at 2 A m.

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

uremia 12 week

Other contributory causes of importance:
Chronic parenchymatous nephritis

Name of operation none 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) G. P. McCormick, M. D.
 (Address) 1122 Tenth, S. P. Mo

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.

