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.

NOV 21 1935

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

Do not use this space.

32834

1. PLACE OF DEATH

County Jackson — Registration District No. 880 — File No.

Township — Primary Registration District No. 3609 — Registered No. [illegible]

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Armon P. Vaughn

(a) Residence, No. 4161 Cambridge St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 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: Sennie Vaughn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10, 1858

7. AGE: YEARS 77 — MONTHS 9 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public School sys.

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Pennsylvania

FATHER

13. NAME: John Vaughn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER

15. MAIDEN NAME: Harriett Perrin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Mrs. Sennie Vaughn, 4161 Cambridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: Oct. 22, 1935

19. UNDERTAKER (ADDRESS): Gates Funeral Home, Kansas City, Kansas

20. FILED 10-21, 1935 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1935, to 10-20, 1935

I last saw him alive on 10-20, 1935. Death is said to have occurred on the date stated above, at 9 P m.

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

Hypertrophied Prostate — Date of onset 1930
Uremia — Oct 17-35

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Other contributory causes of importance:
Hypertension
Auricular Fibrillation

Name of operation: Superpubic Drainage — Date of: 10-17-35

What test confirmed diagnosis? B. Chemistry — 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) [signature], M. D.

(Address) Rosedale Ks

Saunders