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.

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

Do not use this space.

6495

MAR 24 1936

1. PLACE OF DEATH

County Jefferson — Registration District No. 421 — File No.

Township Joachim — Primary Registration District No. 5575 — Registered No. 24

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Parks 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 40 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: Nora Vaughn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 11 1870

7. AGE: YEARS 65 — MONTHS 10 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Glass worker
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): Feb. 24 1936
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Festus Mo

FATHER

13. NAME: James Vaughn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Martha Whitehead
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo

17. INFORMANT (ADDRESS): Chas. Vaughn Festus Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE 2/24 1936

19. UNDERTAKER (ADDRESS): Duester & Vinyard Festus Mo

20. FILED 3/16 1936 J. E. Chitledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Feby 24, 1936

I last saw her alive on Feby 22, 1936. Death is said to have occurred on the date stated above, at 6:30 m.

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

	Date of onset
Cerebral Haemorrhage	1936

Other contributory causes of importance: High Blood Pressure

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) J. Donnell, M. D.

(Address) Crystal City Mo