

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

Do not use this space.

9039

1. PLACE OF DEATH

County Warren
Township Witchell
City Wichita (No. 1)

Registration District No. 600
Primary Registration District No. 1000

File No.
Registered No.
St. Ward)

2. FULL NAME

Milton Theodore Vaughn
(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Vaughn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1854
7. AGE YEARS 81 MONTHS 6 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 7, 1936 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) Wadesville, Ind. (STATE OR COUNTRY) Indiana

13. NAME George Vaughn
14. BIRTHPLACE (CITY OR TOWN) Uniontown (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Angeline M. Laughlin
16. BIRTHPLACE (CITY OR TOWN) Uniontown (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Phil Mattinger (ADDRESS) Wichita, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Witchell DATE 2/6/36

19. UNDERTAKER Wm. C. Duffee (ADDRESS) Wichita, Mo.

20. FILED March 9, 1936 Red Mull, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 to Feb 4 1936

I last saw him alive on Jan 27, 1936 Death is said to have occurred on the date stated above, at 2 P. M.

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

Heart Regurgitation of the aorta Date of onset 1900

Other contributory causes of importance:

Name of operation Physically Date of 1936
What test confirmed diagnosis? Physically Autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1936

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) Wm. C. Duffee, M. D.
(Address) Wichita, 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.

