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.

JUN 25 1936

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

Do not use this space.

20431

1. PLACE OF DEATH
County Randolph — Registration District No. 735
Township — Primary Registration District No. 3094
City Moberly (No. ..., St. ..., Ward)

File No.
Registered No. 128

2. FULL NAME Mrs Mary Jane Hewitt Vaughn

(a) Residence, No. 819 Cleveland Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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. W. Vaughn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25th 1868

7. AGE: Years 67 | Months 5 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Clifton Hill Mo.

FATHER
13. NAME Edward Hewitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary Jane Hewitt,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland,

17. INFORMANT J. W. Vaughn
(ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland Cem. DATE June 1st 1936

19. UNDERTAKER Snow Funeral Home.
(ADDRESS) Moberly, Mo.

20. FILED 6/1 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from May 28 28, 19..., to May 30th 36, 19... I last saw her alive on May 30 36, 19... Death is said to have occurred on the date stated above, at 11.15 PM m.

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

	Date of onset
Chronic Lyocarditis	?

Other contributory causes of importance:
Hypertension.
Obesity
None

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical 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? No
If so, specify

(Signed) [illegible], M. D.
(Address) Moberly, Mo.