

SEP 29 1936

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

Do not use this space.

31222

1. PLACE OF DEATH

County Jackson
Township New
City Kansas City (No. 27th)

Registration District No. 399
Primary Registration District No. 1002
Summit

File No. _____
Registered No. 21723
St. 2nd Ward

2. FULL NAME Lilly Ann Vaughan(a) Residence, No. 27th Summit St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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

James Wm Vaughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 11 298. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) 2 year 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coopers Missouri13. NAME George Birdsong14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wynona Kentucky15. MAIDEN NAME Lilly Burnett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wynona Kentucky17. INFORMANT Ray E. Vaughan
(ADDRESS) 27th Summit

18. BURIAL, CREMATION, OR REMOVAL

PLACE Miss Pleasant Mo DATE 8/31 193619. UNDERTAKER Daniel Bray
(ADDRESS) 1536-18 Main Ave20. FILED 8-30 36 M. M. Crowe, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 193622. I HEREBY CERTIFY, That I attended deceased from Aug 26 1936, to Aug 29 1936I last saw her alive on Aug 27 1936 Death is said to have occurred on the date stated above, at 11 A. m.

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

acute exacerbation of chronic nephritis with uremia
chronic 17/1

Date of onset

Aug 28

Other contributory causes of importance:

hypocardial decompensation
pharyngeal edema

Aug 28

Name of operation _____ Date of _____

What test confirmed diagnosis symptoms 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? _____

If so, specify _____

(Signed) Wm Sydney Green, M. D.(Address) 4301 E. Main

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.

