

NOV 22 1936

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

Do not use this space.

37036

1. PLACE OF DEATH  
County Cedar Registration District No. 163  
Township Box Primary Registration District No. 2228  
City                      (No.                     ) St.                      Ward                     

2. FULL NAME Jasper R. Vaughn  
(a) Residence (No.                     ) St.                      Ward                       
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 Elizabeth Vaughn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-7-1852

7. AGE YEARS 83 MONTHS 9 DAYS 29 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)                      11. Total time (years) spent in this occupation                     

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

13. NAME M. D. Vaughn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Lucinda Bramcomb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Silas Vaughn (ADDRESS) Eldorado Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Martin Cemetery DATE 10/8/36

19. UNDERTAKER Thorne Silers (ADDRESS) Eldorado Springs Mo

20. FILED 197 1936 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-6-1936

22. I HEREBY CERTIFY. That I attended deceased from Oct 5 - 1936 to Oct 6 - 1936  
I last saw him alive on Oct 5 - 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Aortic Insufficiency Date of onset                     

Other contributory causes of importance:  
                    

Name of operation                      Date of                       
What test confirmed diagnosis? Clinical. 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) J. W. Dawson, M. D.  
(Address) Eldorado Spgs

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.

