

NOV 4 1936

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

Do not use this space.

39838

1. PLACE OF DEATH

County.....

Registration District No. 791
1008

Township St. Louis,

Primary Registration District No. City Hospital No. 1

File No. 10907

Registered No. 10907
St. Ward)

B. FULL NAME Thomas Dean Vaughan

(a) Residence, No. 1608 south 14th St. 23 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1936

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
0 4 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) St. Louis, Missouri

13. NAME Frank Vaughan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Missouri

15. MAIDEN NAME Bertha Lancaster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Missouri

17. INFORMANT Hosp. Info. M.H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Matthews Cemetery Oct 31 1936

19. UNDERTAKER A.D. McLaughlin (ADDRESS) 2301 Lafayette

20. FILED OCT 31 1936 J.P. Bredeek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/30/36 19

2. I HEREBY CERTIFY That I attended deceased from 10/28/36 to 10/30/36

I last saw him alive on 10/30/36, 19

Death is said to have occurred on the date stated above, at 1.00 a

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

Dysentery, bacillary

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. P. Stuloff, M. D.

(Address) City Hospital No. 1

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.

