

DEC 4 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Saline  
Township  
City Sweet Springs (No. ....)

Registration District No. 801  
Primary Registration District No. 4480

File No. ....  
Registered No. 37  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. Jesse James Vaught  
(Usual place of abode) South Locust St. .... Ward.

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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 Artie Vaught Carson  
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
18 0 29

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picture Show Operator  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Picture Theatre  
10. Date deceased last worked at this occupation (month and year) September 29, 1936 11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Springs mo13. NAME James Vaught14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co mo15. MAIDEN NAME Artie DeAlburn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co mo17. INFORMANT Artie Carson  
(ADDRESS) Sweet Springs mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sweet Springs DATE October 29, 193619. UNDERTAKER Jessethaney  
(ADDRESS) Sweet Springs mo20. FILED Oct 28, 1936 Rosal Hanner  
Registrar.

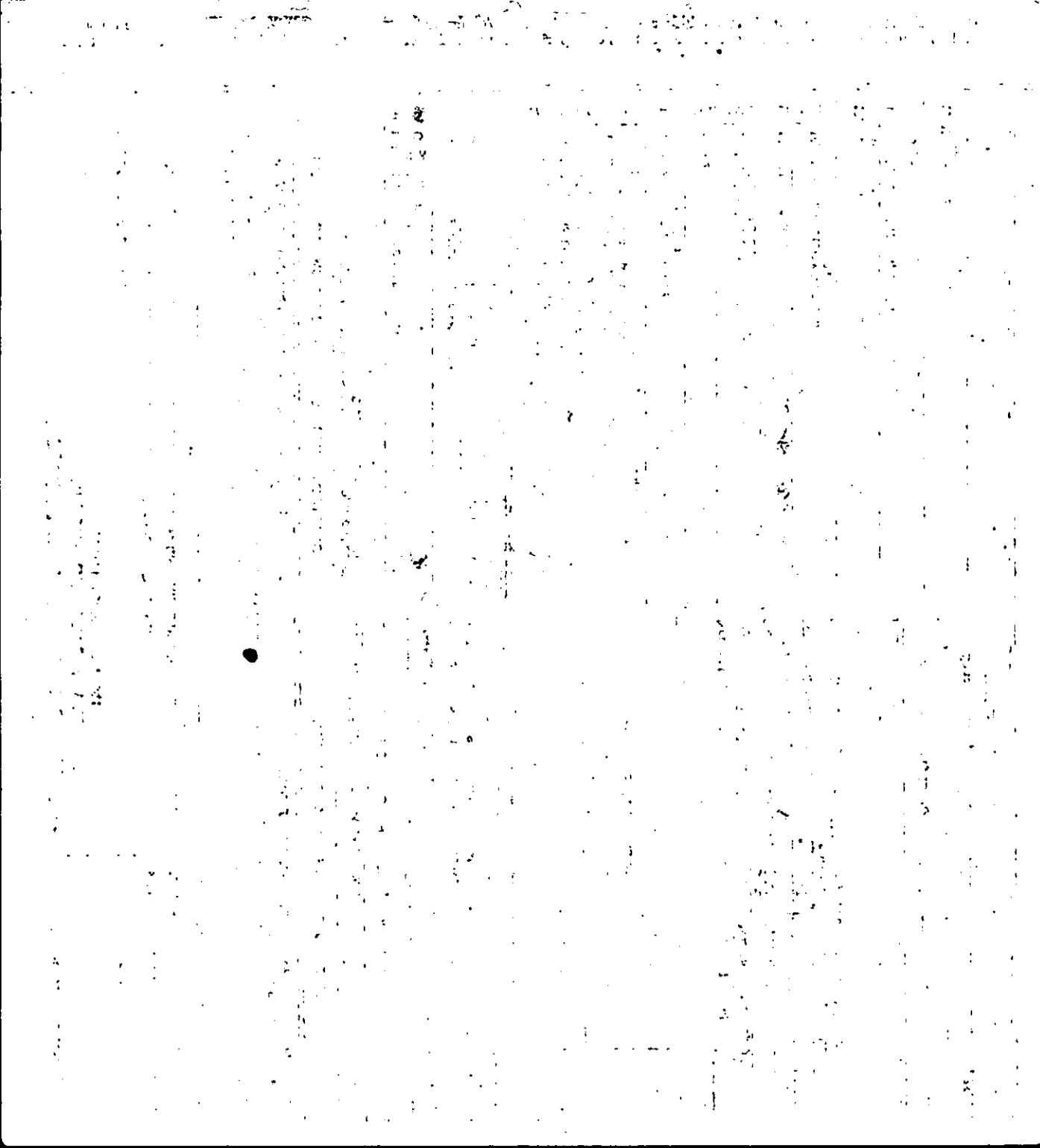
## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 19 3622. I HEREBY CERTIFY, That I attended deceased from Oct 4 - 19 36 to Oct 27 - 19 36I last saw him alive on Oct 26 - 19 36 Death is saidto have occurred on the date stated above, at L.P. m.

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

Intestinal Flu Date of onset 10-1-36Other contributory causes of importance General Tuberculosis ?Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) Alb. B. Marshall, M. D.  
(Address) Marshall Mo

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.



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**1. PLACE OF DEATH**

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Primary Registration District No. 4480

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City Sweet Springs (No. ....) St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Jesse James Vaught 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 0 29

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Oct. 28 1936 Rose C. Harrison Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Intestinal Flux Date of onset

Other contributory causes of importance:  
General Tuberculosis  
Pulmonary Tuberculosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? .....

If so, specify  
(Signed) A. C. Putnam M. D.  
(Address) Marshall Mo

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.

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