

FEB 25 1937

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

210

## 1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph

Registration District No. 85

Primary Registration District No. 100

(No. 515 No. 5th. St.)

File No.

Registered No. 9

St. Ward

## 2. FULL NAME

Edward M. Vaughn

(a) Residence, No.

St.

Ward.

Modena, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1

mos. 14

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)

Widowed

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

Pearl Katherine Vaughn

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

Oct. 18, 1862

7. AGE

YEARS

74

MONTHS

2

DAYS

16

If LESS than 1  
day, ..... hrs.  
or ..... min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Retired 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)

Unk.

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Unk.

Ky.

13. NAME

James Vaughn

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

Unk.

Unk.

15. MAIDEN NAME

Susan Vanoy

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

Unk.

Unk.

17. INFORMANT  
(ADDRESS)

Otis Vaughn

515 No. 5th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Modena, Missouri

DATE Jan. 6, 1937

19. UNDERTAKER  
(ADDRESS)Walter Meierholder  
1302 Faraon St. St. Joseph, Mo.

20. FILED

1-4

1937 J. H. Meierholder  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from  
1-1-37, 1937 to 1-4-37, 1937

I last saw him alive on 1-4-37, 1937 Death is said

to have occurred on the date stated above, at 3:30 a. m.

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

Infection acute Date of onset 1-1-37

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? autopsy 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

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) R. C. Bauman, M. D.

(Address) Kirkpatrick Bldg, St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I-X7044

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.

