

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

Do not use this space.

FEB 17 1937

2023

**1. PLACE OF DEATH**

County Lawrence Registration District No. 470  
 Townshp North Mt Vernon Primary Registration District No. 2-6-93  
 City Mt. Vernon, Mo. (No. 4) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3

**2. FULL NAME**

Charles H. Vaughan  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Princeton, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1. 6 . 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X 1883

22. I HEREBY CERTIFY, That I attended deceased from 10. 20 . 1936 to 1. 5 . 1937  
 I last saw him alive on 1. 5 . 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1. 16 - 1937

to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53 10 20

Pulmonary Tbc. Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X 31

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 36

Other contributory causes of importance:  
Chronic Cholecystitis

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

13. NAME James H. Vaughan

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

15. MAIDEN NAME Mary Ellen Black

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X Ray Was there an autopsy? yes

17. INFORMANT Patient's history record  
 (ADDRESS) State Sanatorium Mt Vernon Mo

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton, Mo DATE July 6, 1937

19. UNDERTAKER George B. Orr  
 (ADDRESS) Mt Vernon Mo

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

20. FILED 1-7-1937 P. A. Holmes  
 Registrar.

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_

(Signed) Paul W. ... M. D.  
 (Address) Mt. Vernon, Mo.

N. B.—Every item of information should be carefully supplied. If a cause of death is not properly classified, Exact statement of OCCUPATION is very important.

