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.

AUG 31 1937

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

Do not use this space.

27920

1. PLACE OF DEATH
County New Madrid
Township East
City Country (No. ..... St. ..... Ward)

Registration District No. 821
Primary Registration District No. 5801

File No. .....
Registered No. .....

2. FULL NAME Maurice David 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-2-1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Madrid Co
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
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) New Madrid Co Mo

FATHER

13. NAME Earl Vaughn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Standard Co Mo

MOTHER

15. MAIDEN NAME Viola Mullen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Earl Vaughn Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 7-5-37, 19

19. UNDERTAKER (ADDRESS) E. A. Dempster Sikeston Mo

20. FILED 8-5, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937, to July 3-37, 19..
I last saw him alive on July 3, 1937 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:

Acute Colitis

Date of onset June 25 37

119B

Other contributory causes of importance:
Bronchio Pneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Howard M Kendy, M. D.
(Address) Sikeston Mo