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.

REC'D APR 19 1938

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

Do not use this space.

File No. 10569

Registered No.

Registration District No. 231

Primary Registration District No. 5315

1. PLACE OF DEATH
County: Crawford
Township: Union
City: (No. , St. Ward)

2. FULL NAME: Mrs Emma 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: female
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: Chas B Vaughn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 14 1847

7. AGE: Years 90 | Months 5 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Crawford Co Mo

FATHER
13. NAME: Thomas Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stoddard Co Mo

MOTHER
15. MAIDEN NAME: ---------
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): -------

17. INFORMANT (ADDRESS): Mrs Minnie Petty Short Bend Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Roberts Cem. DATE: 4/13/38, 19

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED: 4/12, 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 11/38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to April 11, 1938.
I last saw her alive on April 10, 1938. Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis — Date of onset [illegible]

Other contributory causes of importance: Ulcerative Colitis — Date of onset [illegible]

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? No
If so, specify:
(Signed) [illegible], M. D.
(Address) Salem, Missouri