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 JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Adair
Township
City Kirksville (No. Stickler Hospital St. Ward)

Registration District No. 4
Primary Registration District No. 3001

File No. 21187
Registered No. 95

2. FULL NAME J. M. Vaught (James) M. Vaught 230
(a) Residence, No. 708 N. Franklin 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 27, 1878

7. AGE: Years 60, Months 7, Days 16. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drugs
10. Date deceased last worked at this occupation (month and year) June 11, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaski County Kentucky

FATHER
13. NAME: James Vaught
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaski County Kentucky

MOTHER
15. MAIDEN NAME: Mary E. Pence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaski County Kentucky

17. INFORMANT (ADDRESS): Mrs. James Vaught 708 N. Franklin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Taber DATE June 14, 1938

19. UNDERTAKER (ADDRESS): Davis Funeral Home Kirksville, Mo.

20. FILED June 14, 1938 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1938, to 6-13-38 - 11:00 am
I last saw him alive on 6-13-38, 19.... Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

apoplexy 8241

Other contributory causes of importance:

Hypertension

Date of onset

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) R V Stickler, M. D.
(Address) Kirksville Mo