REC'D JUL 14 1938

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

Do not use this space.

21716

1. PLACE OF DEATH
County Dade
Township North
City Greenfield Mo (No. ..... St. ..... Ward)
Registration District No. 240
Primary Registration District No. 5332
File No. 1
Registered No. .....

2. FULL NAME Columbia Tennessee Vaughn, 250
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF B. Price Vaughn.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1867

7. AGE YEARS 70 MONTHS — DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
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) Springfield Mo.

FATHER
13. NAME James W. Kirk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Alabama

MOTHER
15. MAIDEN NAME Lucy Caroline Birks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mr. B. P. Vaughn Greenfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Billings Mo. DATE Oct. 19, 1937

19. UNDERTAKER (ADDRESS) J. W. Ward Greenfield Mo.

20. FILED Jan 22, 1938 W. D. Bricker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1937, to 10-15-, 1937
I last saw her alive on 10-15-, 1937. Death is said to have occurred on the date stated above, at 9:20 P.m.
The principal cause of death and related causes of importance were as follows:
Cerebral embolism — Date of onset 10-14-37
J. J. B.
Other contributory causes of importance:

Name of operation — Date of .....
What test confirmed diagnosis? — Was there an autopsy? No

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) T. D. Combs, M. D.
(Address) Lockwood Mo
216

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.