

SEP 19 1938

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

29639  
Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 642  
(b) Township Washington Primary Registration District No. 5851 Registered No. 9  
(c) City..... (d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Wm H. Vaughan 250  
(a) Residence, No. Linn Creek, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 18 1868  
7. AGE YEARS 70 MONTHS 3 DAYS 23 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Osage Co Mo  
(STATE OR COUNTRY)

FATHER 13. NAME Wm Vaughan

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

MOTHER 15. MAIDEN NAME Mary A. Vaughan

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

17. INFORMANT Catherine Vaughan  
(ADDRESS) Linn Creek, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Linn Park Cemetery DATE July 13, 1938

19. FUNERAL DIRECTOR Morton General Home  
(ADDRESS) Linn, Mo.

20. FILED July 12, 1938 Mary L. Payer  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937, to July 7, 1938  
I last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at 10 P m.  
The principal cause of death and related causes of importance were as follows:

Progressive Muscular Atrophy  
[Myotrophic Lateral Sclerosis]  
Date of onset

Other contributory causes of importance: §10

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?.....  
If so, specify..... (Signed) J. F. Jones, M. D.  
Linn, Mo. (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher, Licensed Embalmer No. 3701

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Victor Buescher  
Licensed Embalmer No. 3701

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**