

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

Do not use this space.

34595

NOV 21 1938

1. PLACE OF DEATH

County Jackson

Registration District No. 395

Township Raw

Primary Registration District No. 1092

City Kansas City (No. 3744)

Highland

File No. 3981
 Registered No. 3981
 St. Hamilton Ward Mo

2. FULL NAME

(a) Residence, No. 250 Emma Vaughan St. Hamilton Ward Mo

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 1 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 Edward Vaughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1869

7. AGE YEARS 69 MONTHS 6 DAYS 19 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) Caldwell Co. Missouri

FATHER 13. NAME Jerry Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Kentucky

MOTHER 15. MAIDEN NAME Elizabeth Finley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Kentucky

17. INFORMANT (ADDRESS) Mrs. O. G. Dawson 3744 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE Oct. 8, 1938

19. UNDERTAKER (ADDRESS) H. P. Vaughan Hamilton Mo.

20. FILED Oct 9 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 to Oct 8
 I last saw her alive on Oct 2, 1938. Death is said to have occurred on the date stated above, at 12:30 m.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 10/2/38

94A

Other contributory causes of importance:
Coronary sclerosis
arteriosclerosis
atherosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis Chromes 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) H. P. Vaughan M. D.
 (Address) 1116 Pop. Sch. R. P. Mo

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.

