

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

35588
Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH *2*
 (a) County *Dunklin* 1 Registration District No. *289*
 (b) Township *Malden* Primary Registration District No. *4173*
 (c) City *Malden* (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 *250* *Delfa Jean Hazel Vaughan*
 (a) Residence, No. _____ 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 *F* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 7 - 1928*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 2 28

OCCUPATION 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. _____
 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) *Mo. 6*

FATHER 13. NAME *Raymond Vaughan*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo. 1*

MOTHER 15. MAIDEN NAME *Hazel Bear*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark.*

17. INFORMANT (ADDRESS) *Mother Hazel Vaughan Malden*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Malden* DATE *Oct. 6 1938*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Landless Funeral Home Campbell Ave Malden*

20. FILED *10-5-38* *S.S. Mitchell* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 5 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 10th* 1938, to *Oct 5* 1938
 I last saw her alive on *Sept. 28* 1938 Death is said to have occurred on the date stated above, at *6:30 a.m.*
 The principal cause of death and related causes of importance were as follows:
Respiratory Infection Date of onset *9-27-38*

Other contributory causes of importance: *161P*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Clinical* 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) *Homer Beall* M. D.
 (Address) *Malden 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ or by _____

Registered Apprentice No. 910 E. Embalming, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.