

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.

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

Do not use this space.

REC'D FEB 24 1939

1. PLACE OF DEATH  
64 County Marion Registration District No. 547  
Township Miller Primary Registration District No. 5739 File No. 3073  
City Hannibal (No. 1) Mt. Zion Miller township (Ward) Registered No. 28  
2. FULL NAME Mary Elizabeth Vaughn  
(a) Residence, No. Miller Township 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gary H. Vaughn

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1939 to Jan 13 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 24, 1849

I last saw          alive on Jan 13 1939 Death is said to have occurred on the date stated above, at 6:00 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 89          20

The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset         

8. Trade, profession, or particular kind of work done, as splanner, 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         

Other contributory causes of importance:         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fauquier County Virginia

Name of operation          Date of         

13. NAME Landon O. Gore

What test confirmed diagnosis?          Was there an autopsy?         

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury         , 19         

15. MAIDEN NAME Narcissa J. Conrad

Where did injury occur?          (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.         

17. INFORMANT Son Ollie Vaughn (ADDRESS) Lowrie City Mo.

Manner of injury         

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE 1/15 19 39

Nature of injury         

19. UNDERTAKER Smith Funeral Home (ADDRESS) 902 Broadway

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED Jan 18 1939 W. C. Fisher Registrar 488

If so, specify          (Signed) W. C. Fisher M. D. (Address)

