REC'D MAR 24 1939

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

7985
Do not use this space.

1. PLACE OF DEATH
(a) County SHELBY 2 Registration District No. 830
(b) Township 1 Primary Registration District No. 4503 Registered No. 16
(c) City SHELBINA (d) Street No. CENTER ST. 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 250 MASTHA CASTES VAUGHN.
(a) Residence, No. CENTER ST. SHELBINA St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MASSIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF BAXTER E. VAUGHN.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 10, 1868
7. AGE YEARS 70 MONTHS 3 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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) ~~[illegible]~~, Monroe Co., Mo.

FATHER
13. NAME Wm P. Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Marion Morehead
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Mo.

17. INFORMANT (ADDRESS) Mrs. E. P. Blanton Shelbina, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE WALNUT GROVE, PASIS, MO. DATE MAR. 9, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEED - BLAKEY PASIS, MO.
20. FILED March 8 1939 Ruth Joyner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1939, to Mar 8, 1939
I last saw her alive on Mar. 8, 1938. Death is said to have occurred on the date stated above, at 9:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Paralysis	Mar. 7
Other contributory causes of importance:	15 yrs.
Arteriosclerosis	

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) R. L. Caldwell, M. D.
(Address) SHELBINA, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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....., working under my personal supervision.

Signed L. A. Blakey

Licensed Embalmer No. 2616

P. O. Address Paris Mo.

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

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