

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

Do not use this space.

33383

1. PLACE OF DEATH

County Hemery
Township West Fork
City Wagon (No.)

Registration District No. 347
Primary Registration District No. 4210

File No.
Registered No. 125
St. Ward)

2. FULL NAME

John Wesley Vaughan
(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 | 10 | 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rogers, Ark.
(STATE OR COUNTRY) Arkansas Benton

10. NAME OF FATHER Geo. A. Vaughan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Humbolt
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Mary E. M. Daniel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monroe Co. Ken.
(STATE OR COUNTRY)

14. INFORMANT Gas. M. Johnson
(Address) Wichita, Mo.

15. Oct 15 1928 Dr. E. C. Peelo
FILED: 1928 REGISTRAR per JH

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1928

17. I HEREBY CERTIFY That I attended deceased from July 4, 1928, to Oct 2, 1928, and that I last saw him alive on Sept 15, 1928, and that death occurred, on the date stated above, at 8:20 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131
Chronic Nephritis
(duration) 5 yrs. mos. da.

CONTRIBUTORY Senility
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? no
IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Lab. Ex
(Signed) J. F. McDaniel, M. D.
, 1928 (Address) Wichita Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Peters Creek Cemetery DATE OF BURIAL 10-3-1928

20. UNDERTAKER J. H. Smith ADDRESS Wichita 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.

