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

Do not use this space.

11140

File No. 11140
Registered No. 4

1. PLACE OF DEATH
84 County Polk
4 Township Johnson
6 City Humansville (No. ..... St. ..... Ward)

Registration District No. 703
Primary Registration District No. 5131

2. FULL NAME William Hood Vaughn
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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.

APR 25 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	9	6	

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

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY) 1

PARENTS
10. NAME OF FATHER John Vaughn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY) 2
12. MAIDEN NAME OF MOTHER Luctrica Hughes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

14. INFORMANT Tine Vaughn.
(Address) Humansville Mo.

15. FILED 3-22 1931 R. A. Joseph REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6. 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Mch 6, 1931 that I last saw him alive on Mch 6, 1931, and that death occurred, on the date stated above, at 6:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Rectum
W.D.
Carcinoma Liver
(duration) 1½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 4610
(duration) ..... yrs. 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical Sym
(Signed) R C Neuins, M. D.
3-23, 1931 (Address) Humansville 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	DATE OF BURIAL
Flemington Cemetery	Mar. 9 1931
20. UNDERTAKER	**ADDRESS**
R. Alph A Joseph	31.49.