

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

Do not use this space.

21441

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 5077, Washington St. Ward)

File No.
Registered No. 5225
St. Ward)

2. FULL NAME

Charles H. Vaughn
(a) Residence, No. 5077 Washington St. 17 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie H.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 26, 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>6</u>
	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cashier</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bright Dept</u>
	10. Date deceased last worked at this occupation (month and year) <u>General Store</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
East St. Louis Ill.

13. NAME
Patrick W. Vaughn

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

15. MAIDEN NAME
Jane Furlong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
New York N. Y.

17. INFORMANT (ADDRESS)
Mrs Fannie H. Vaughn
5077 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE
Valhalla Crematory DATE June 16, 1933

19. UNDERTAKER (ADDRESS)
Affron L. Co.
2727 Grand

20. FILED
JUN 17 1933
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933

22. I HEREBY CERTIFY, that I attended deceased from May 30, 1931, to June 13, 1933

I last saw him alive on June 11, 1932 Death is said to have occurred on the date stated above, at 7:45 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic myelitis (non-luetic) causing a progressive ascending paralysis
Other contributory causes of importance:
Paralysis Cause not known

Date of onset
1931

Name of operation Date of
What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence), file in also the following: Accident, suicide, or homicide? No 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) Joseph Davern, M.D.
(Address) 653 Century Bldg

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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