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

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.

Dr. Francis Camp

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No. 317

Township — Primary Registration District No. 21001 — Registered No. 24090

City Springfield Mo. (No. 1060 E. Harrison St. ..... Ward)

2. FULL NAME Lona Vaughan

(a) Residence, No. 1060 E. Harrison 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Wm. F. Vaughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10-1872

7. AGE: YEARS 62 — MONTHS 21 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Christian Co. Mo.

FATHER

13. NAME: Bailey Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Christian Co. Mo.

MOTHER

15. MAIDEN NAME: Martha Claghorn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Wm. F. Vaughan, 1060 E. Harrison

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Hopedale DATE: July 8 1934

19. UNDERTAKER (ADDRESS): Alma Lohmeyer, Springfield Mo.

20. FILED 7-7 1934 ~~John W. Williams~~ J. M. Registrar. Ralph W. Langston

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to July 5 1934

I last saw her alive on July 5 1934. Death is said to have occurred on the date stated above, at 11 A m.

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

	Date of onset
Progressive Combined Sclerosis	1929

Other contributory causes of importance:

Starvation

Name of operation: None 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) F. Blaine, M. D.

(Address) Springfield Mo

#2 Greene
Springfield

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lona Vaughn
Who died at 1060 E. Harrison on July 6, 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years 62 Months 2 Days 26
Sex Fem Color or race W ~~Single~~, married, ~~widowed or divorced~~: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Progressive Combined Sclerosis of Spinal cord.

Other contributory causes of importance Starvation
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar John Dillian Date filed 7-7-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 318

Primary Reg. Dist. No. 2001

E. T. McGaugh M.D.
Special Agent.

317

24090