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

SEP 11 1934

Do not use this space.

28202

File No.

Registered No. 109

1. PLACE OF DEATH

County Cuyahoga — Registration District No. 26

Township ~~[illegible]~~ — Primary Registration District No. 3002

City Mexico Mo (No. 1050 Clay St. Ward)

2. FULL NAME Belle Vaughn

(a) Residence, No. Kings Daughters Home (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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 18, 1848

7. AGE: Years 86 Months 0 Days 24 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 16

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): Monroe Co. Mo.

FATHER

13. NAME: Harrison Vaughn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Martha Page

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Guy Vaughn Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Elmwood Mexico Mo DATE Aug 13, 1934

19. UNDERTAKER (ADDRESS): Clem Arnold Mexico Mo

20. FILED 8-13-1934 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934 to Aug 12, 1934

I last saw h... alive on Aug 11, 1934 Death is said to have occurred on the date stated above, at 6:30 P. m.

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

	Date of onset
(A) Paralysis old age & Heart prostatica	
(B)	
(C)	
(D)	

Other contributory causes of importance:

weak heart - and senility

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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) N. D. Likes, M. D.

(Address) Mexico, Mo.

MR V

#2

Audrain

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

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

109

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: Belle Vaughan

Who died at _____ on Aug 12 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, ~~married, widowed or divorced:~~ _____

Date of birth _____ Age: Years 86 Months 0 Days 24

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.

Paralysis old age. Heart prostration

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: She was completely paralysis on left side. Unconscious for 5 days never spoke so you could call it Senile endocrinitis

Other contributory causes of importance _____

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 Blanche Neely

Date filed

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.

Reg. Dist. No. 26

Primary Reg. Dist. No. 3002

Very truly yours,

E. T. McGaugh M.D.
G.C.

Special Agent.

5-28202

5-28202