

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

Dr. Musicich  
Do not use this space.

**JUN 2 1 1937**

1. PLACE OF DEATH  
 37 County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 810 W. Olive St.) St. Mo. Ward 1  
 2. FULL NAME Ora Otis Vaughan  
 (a) Residence, No. 810 W. Olive St. Ward. 1  
 (Usual place of abode) Springfield, Mo. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 20088  
 Registered No. 0453  
 St. Mo. Ward 1

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 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 Essie Martin Vaughan  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1901  
 7. AGE YEARS 35 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
 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) Douglas County Mo.  
 FATHER 13. NAME W. M. Vaughan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maple County Missouri  
 MOTHER 15. MAIDEN NAME Louisa Woods  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County Missouri  
 17. INFORMANT W. M. Vaughan (ADDRESS) Springfield, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Cemetery DATE May 28 1937  
 19. UNDERTAKER Harmon D. Schmepp (ADDRESS) Springfield, Mo.  
 20. FILED May 28 1937 Chas. A. George Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 37, 19  
 22. I HEREBY CERTIFY That I attended deceased from 5, 24, 37, 19, to May 27, 37, 19.  
 I last saw him alive on 5, 26, 37, 19. Death is said to have occurred on the date stated above, 11 P.m.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculosis, pulmonary  
Onset not known  
 Date of onset  
 Other contributory causes of importance: 13  
 Name of operation Date of  
 What test confirmed diagnosis? Physical Was there an autopsy?  
 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?  
 If so, specify (Signed) J. D. Musicich, M. D.  
 (Address) Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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