

REC'D JUN 10 1938

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

Do not use this space.

18892

1. PLACE OF DEATH

County MississippiRegistration District No. 5-68File No. 18892Township OhioPrimary Registration District No. 5765Registered No. 576City Wyatt Mo (No.)St. Ward) 2. FULL NAME Mathis Vaughn 250(a) Residence, No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Infant

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

May 10 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0010

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

Infant

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

Infant

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)

Wyatt Mo.

13. NAME

Willie Vaughn

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

Omega La.

15. MAIDEN NAME

Francis Thomas

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

Half Island Mo.

17. INFORMANT (ADDRESS)

Willie Vaughn Wyatt Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak GroveDATE 5/21 1938

19. UNDERTAKER (ADDRESS)

Frank Lair

20. FILED

5-21-1938 F. S. Brown

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1938

22. I HEREBY CERTIFY, That I attended deceased from

 to , 19 I last saw h. alive on , 19 Death is saidto have occurred on the date stated above, at 6:00 P.M.

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

Enters Octetic family history as given by family

Date of onset

Other contributory causes of importance:

Name of operation ny Date of What test confirmed diagnosis family history 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) Frank S. Brown M. D.(Address) Charleston Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

