

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23808
Do not use this space.

REC'D AUG 11 1939

791
1003

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Registered No. 6081

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. St. Lukes Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JESSIE DAVIS VAUGHN

(a) Residence, No. Lowry City, Mo. St. **NR** Lowry City Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Wife of Oliver O. Vaughn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4, 1885</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>3</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>✓</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Missouri</u>	
	13. NAME <u>Samuel Briggs</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Sally Davis</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	17. INFORMANT (ADDRESS) <u>Oliver O. Vaughn (husband) Lowry City Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hannibal Mo</u> DATE <u>July 12, 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Al bert H. Hoppe 4700 Washington Blvd.</u>		
20. FILED <u>JUL 10 1939</u> 19 <u>J. D. Bradshaw</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1939 to July 8, 1939
 I last saw him alive on July 8, 1939 Death is said to have occurred on the date stated above, at 9:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Meningitis (non-meningococci, probably tuberculous)
Pulmonary tuberculosis
 Other contributory causes of importance None
 Name of operation None 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? 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) Engene H. Hamilton, M. D.
 (Address) St. Lukes Hospital St. Louis, Mo.

Date of onset July 3, 1939
Unknown

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed

Albert G. Hoyer

Licensed Embalmer No. *2971*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.