

REC'D AUG 22 1939

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

25822
Do not use this space.

1. PLACE OF DEATH
 (a) County Wagoner Registration District No. 398
 (b) Township Saline Primary Registration District No. 6-5-54
 (c) City McMinn (d) Street No. R.R. - 103 - 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 6.50 Hotel Graham
 2. PRINT FULL NAME
 (a) Residence, No. R.R. no 3 P.C. mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fl 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie B. Graham
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-7-1888
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 19
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Mo
 FATHER
 13. NAME Joshua P. Vaughn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 MOTHER
 15. MAIDEN NAME Mary E. McKinn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT (ADDRESS) Mr. James Hunter 4001 Pittman Rd
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Forest Hill July 22 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robt. Henderson P.C. mo
 20. FILE July 26, 1939 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1939
 22. I HEREBY CERTIFY That I attended deceased from 7-24-39 19... to 7-24-39 19...
 I last saw her alive on 7-24-39 19... Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 7-24-39
 Other contributory causes of importance:
Cerebral Hemorrhage 7-24-39
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 J. G. Hopper M. D.
 (Signed) J. G. Hopper (Address) Wagoner Mo

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.

