FILED FEB 12 1940

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

1714
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township or City St Joseph 2 Primary Registration District No. 1001 Registered No. 49
(c) (d) Street No. 904 So 23 rd 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

250

2. PRINT FULL NAME MARILLA - VAUGHN.
(a) Residence, No. 904 So 23 rd St.
(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 Female
4. COLOR OR RACE Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas B
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1860
7. AGE Years 80 Months 0 Days 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) abt 1930
11. Total time (years) spent in this occupation yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette Mo.

FATHER
13. NAME Luke Howard Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Unk) Canada

MOTHER
15. MAIDEN NAME Catherine Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Unk) Ky.

17. INFORMANT (ADDRESS) Lowell Vaughn St Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hemple Mo. DATE Jan 20 - 40 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roy Slomey St Joseph Mo.
20. FILED Jan 17, 1940 H. J. Nestebush Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1940
22. I HEREBY CERTIFY That I attended deceased from Jan, 16th 1940, to Viewed, 19
I last saw h ####### alive on ....., 19 Death is said to have occurred on the date stated above, at 1:50 P.m.
The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis

Date of onset

94 B

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of
What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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 John H. Hurley, Registered Apprentice No. ..... working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address 2335 S. St. Joseph

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

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