

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

Do not use this space.

39062

FILED DEC 5 1941

1. PLACE OF DEATH

County Pettis Registration District No. 668

Township Sedalia Primary Registration District No. 3032

City Sedalia (No. 0)

DECEASED NAME Robert Vaughan (stay week)

(a) Residence, No. Lupton Ave St. Ward.

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 345

Registered No. 345

St. Ward

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Stella Vaughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>9</u>	<u>20</u>	

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

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

10. Date deceased last worked at this occupation (month and year) 11-18-41

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Henry Vaughan

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

15. MAIDEN NAME Julia Gray

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

17. INFORMANT M. C. Vaughan (ADDRESS) 1800 1/2 Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Lupton Mo DATE 11-28-41

19. UNDERTAKER G. Albert Hornbeek (ADDRESS) Chambers Home, Mo

20. FILED 11-26-1941 Anna Berger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26 1941

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1941, to 11-26, 1941

I last saw him alive on 11/25, 1941. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Meningitis acute (Influenza) type 2

Other contributory causes of importance:

Influenza

Name of operation 33 Date of 11/18-41

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) SP Dr. E. Sedalia Mo M. D. (Address)

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-4-41

DEC 22 1941

JAN -

JAN 9