

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

Do not use this space.

**1. PLACE OF DEATH**

County Montana Co  
Township Jefferson City Mo  
City Jefferson City Mo

Registration District No. 213  
Primary Registration District No. 314

File No. 23486  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Jefferson City Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Clarkburg Mo

(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**

|   |   |   |
|---|---|---|
| 3. SEX<br><u>M</u>  | 4. COLOR OR RACE<br><u>W</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                                |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept Aug 2 - 1906</u>                            |   |   |
| 7. AGE  | YEARS<br><u>27</u>  | MONTHS<br><u>1</u>  |
|   | DAYS<br><u>6</u>  | IF LESS than 1 day, hrs. or min.  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Laborer</u> |   |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                            |   |
|   | 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) <u>Montana Co Mo</u>                       |   |   |
| FATHER  | 13. NAME <u>Thomas Jefferson Vaughan</u>  |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montana Co Mo</u>   |   |
| MOTHER  | 15. MAIDEN NAME <u>Myrtle Rempert</u>   |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montana Co Mo</u>   |   |
| 17. INFORMANT <u>Thomas Jefferson Vaughan</u><br>(ADDRESS)                                  |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St John Lutheran Church</u> <u>Sept 9 - 1933</u> |   |   |
| 19. UNDERTAKER <u>William F. Friedman</u><br>(ADDRESS) <u>California Mo</u>                 |   |   |
| 20. FILED <u>9/23/33</u> <u>JW Bradford</u><br>Registrar.                                   |   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 - 1933

22. I HEREBY CERTIFY, that I attended deceased from Sept 7 - 1933 to September 8, 1933  
I last saw him alive on Sept 8 - 1933 Death is said to have occurred on the date stated above, at 11:10 p m.  
The principal cause of death and related causes of importance were as follows:  
Accidental second and third degree burns of about one half of body surface Date of onset 9-8-33  
Other contributing causes of importance: Shock 181 9-8-33

Name of operation \_\_\_\_\_ 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 accident Date of injury 9-7-33  
Where did injury occur? Jefferson City - Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Garage  
Manner of injury accidental burn  
Nature of injury facial burns 90

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. H. Deary, M. D.  
(Address) Jefferson City 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.

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JUL 2 1958