

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31040

1 PLACE OF DEATH

County of *Muhlenberg*

Vol. No. *15*

Registration District No. *7137*

Inq. Town *Chester*

Primary Registration District No.

City

(No. St. Ward)

2 FULL NAME *Mayona Vaughn*

File No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *Colored* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

6 DATE OF BIRTH *June 8, 1895*

7 AGE *21* yrs. *5* mos. *2* wks. *6* ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. *Housekeeper* (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Ky*

10 NAME OF FATHER *Calvin Johnson*

11 BIRTHPLACE OF FATHER (State or country) *Ky*

12 MAIDEN NAME OF MOTHER *Mattie Earls*

13 BIRTHPLACE OF MOTHER (State or country) *Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Henry Vaughn* (Address)

15 Filed *1916* *Chester Ky* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 4, 1916*

17 I HEREBY CERTIFY, That I attended deceased from *Oct 10*, 1916, to *Dec 4*, 1916, that I last saw her alive on *Dec 2*, 1916,

and that death occurred on the date stated above at *5 a.m.* The CAUSE OF DEATH* was as follows: *malarial fever & tuberculosis*

.....

..... (Duration) ... yrs. *2* mos. *15* ds.

Contributory *tuberculosis* (SECONDARY)

..... (Duration) ... yrs. *3* mos. *10* ds.

Code Roy Hallie M. D. *Dec 4, 1916* (Address) *Chester Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the " " State yrs. mos. ds. Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

WRITE PLAINLY, WITH SEPARATE INK--THIS IS A PERMANENT RECORD

2. If a copy of information is to be certified, the certifier should state the CAUSE OF DEATH in plain terms, so that it may be properly certified. Short statement of OCCASION is very important. See instructions on back of certificate.