

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

PLACE OF DEATH
 County Wauhatchie
 Vol. No. Drakesboro Registration District No. 1299
 Ino. Town 5 Primary Registration District No. 6924
 City St. Charles (No. 5 St. 1 Ward)

File No. 22903
 Registered No. 39

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

FULL NAME Elizabeth Vaughan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)
 6 DATE OF BIRTH Oct 1, 1922
 (Month) (Day) (Year)
 7 AGE Stillborn IF LESS than 1 day... hrs. or... min.?
 yrs. mos. ds.
 8 OCCUPATION
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)
 9 BIRTHPLACE (State or country) Drakesboro, Ky
 10 NAME OF FATHER Walson Vaughan
 11 BIRTHPLACE OF FATHER (State or country) Huntsville, Ky
 12 MAIDEN NAME OF MOTHER Vera Grubb
 13 BIRTHPLACE OF MOTHER (State or country) Huntsville, Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 1, 1922
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h..... alive on _____, 191____, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows:
Stillborn at 6th mo. (mother has Cancer of Stomach)
 (Duration)..... yrs..... mos..... ds.
 Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.
 (Signed) H. D. Neumann
Oct 1, 1922 (Address) Drakesboro, 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, TRAINS 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 Drakesboro, Ky DATE OF BURIAL Oct 2, 1922
 20 UNDERTAKER J. R. Kimmel ADDRESS Drakesboro, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Walson Vaughan
 (Address) Drakesboro, Ky
 15 Filed 11-8, 1922 J. M. Kimmel REGISTRAR

N. B.—Every item of information should be carefully examined. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classed. Exact statement of OCCUPATION is very important. See instructions on back of certificate.