

If NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

52263
223
Registrar's No. _____

1 PLACE OF DEATH
STATE OF TEXAS

COUNTY OF Tarrant

CITY OR PRECINCT NO. Fort Worth No. 915 Street South Adams
If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred. ___ yrs. ___ mos. ___ days. How long in U. S. if foreign born? ___ yrs. ___ mos. ___ days

2 FULL NAME OF DECEASED Mrs. Juliette Isabel Vaughn

RESIDENCE OF THE DECEASED No. 915 Street South Adams City Ft. Worth State Texas

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOB OR RACE White 5. Single Married Widowed Divorced (Write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Maurice Vaughn

6. DATE OF BIRTH Sept. 29, 1861

7. AGE 75 Years 4 Months 1 Days If LESS than 1 day. ___ hrs. ___ min.

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

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) Illinois

13. NAME Best

14. BIRTHPLACE (City or Town) (State or Country) Don't Know

15. MAIDEN NAME Walker

16. BIRTHPLACE (City or Town) (State or Country) Don't Know

17. INFORMANT Mrs. J. W. Keys
(Address) Ft. Worth, Texas

18. ~~LOCAL~~ REMOVAL PLACE Mexia, Tex. Date 1-30-37, 1937

19. UNDERTAKER Shannon Funeral Chapel
(Address) 13017 Main, Ft. Worth, Texas

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR
FEB 2 1937
(File Date) _____ (Signature)

MEDICAL PARTICULARS

21. DATE OF DEATH Jan. 30, 1937
(month, day, and year) _____, 193__

22. I HEREBY CERTIFY, That I attended deceased from _____, 1935, to Jan 30, 1937

I last saw her alive on Jan 30, 1937; death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:
Diabetes, Mellitus
coma

Other contributory causes of importance:
Sungae of feet

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? _____

Date of injury _____, 193__

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) M. Darcus M. D.
(Address) _____

