

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Grayson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Grayson	
b. CITY OR TOWN (If outside city limits, give precinct no.) Sherman		c. CITY OR TOWN (If outside city limits, give precinct no.) Precinct # 6	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Sherman Community Hospital		d. STREET ADDRESS (If rural, give location) 4 miles S. E. of Collinsville	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) (a) First Robert (b) Middle Hershel (c) Last Vaughn		4. DATE OF DEATH Feb. 10, 1967	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1892
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Minutes _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Smithville, Tenn.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Nick Vaughn	
14. MOTHER'S MAIDEN NAME Not Known		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 449-62-5277		17. INFORMANT Mr. R. P. Ferguson	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic pyelonephritis DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			TEXAS DEPARTMENT OF HEALTH REC'D APR 10 1967 BUREAU OF VITAL STATISTICS STATE
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION	
21. I hereby certify that I attended the deceased from JUNE 1966 to FEB 10 1967 and last saw the deceased alive on FEB 10 1967 . Death occurred at 8:15 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE NEAL TRIPLETT, M. D.		22b. ADDRESS (Degree or title) 207 W. MULBERRY SHERMAN, TEXAS	22c. DATE SIGNED 3-8-67
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 12, 1967	23c. NAME OF CEMETERY OR CREMATORY Collinsville
23d. LOCATION (City, town, or county) Collinsville, Texas		24. FUNERAL DIRECTOR'S SIGNATURE M. H. Richards 2690	
25a. REGISTRAR'S FILE NO. 815	25b. DATE REC'D BY LOCAL REGISTRAR 3-9-67	25c. REGISTRAR'S SIGNATURE J. Spears	

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Texas, Death Certificates, 1903–1982 for Robert Hershel Vaughn

Record Index

Name: Robert Hershel Vaughn
Birth Date: 26 Jul 1892
Birth Place: Smithville, Tennessee
Death Date: 10 Feb 1967
Death Place: Sherman, Grayson
Age at Death: 74
Gender: Male
Race: White
Residence: Precinct 6, Grayson, Texas
Father: Nick Vaughn

Source Information

Record Url: <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=txdeathcerts&h=1109778>

Source Information: Ancestry.com. *Texas, Death Certificates, 1903–1982* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2013.
Original data: Texas Department of State Health Services. Texas Death Certificates, 1903–1982. iArchives, Orem, Utah.