

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.

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

Do not use this space.

21926

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis Mo

(No. Barnes Hospital)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

McLaughlin, John W

(a) Residence. No. 3363

(Usual place of abode)

Commonwealth

4

Ward.....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred.....

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Kathryn McLaughlin

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 11 1880

7. AGE

YEARS

MONTHS

DAYS

IF LESS than I day, ..... hrs. or ..... min.

47

9

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

10. NAME OF FATHER

J. P. McLaughlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Martha Settleman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Kathryn McLaughlin  
3363 Commonwealth

15.

FILED

-6 1928

May C. Stanley  
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6-4-1928

17.

I HEREBY CERTIFY, That I attended deceased from

5-20

1928, to

6-4

1928

that I last saw h. l. m. alive on

6-4

1928, and that

death occurred, on the date stated above, at

12 noon

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

with hypertension.  
Arterial sclerosis, general  
arterio-sclerotic heart disease  
with chronic passive congestion  
of lungs, kidneys (duration)..... yrs. .... mos. .... da.

CONTRIBUTORY

(SECONDARY)

Infarct of lung

(duration)..... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH.....

DID AN OPERATION PRECEDE DEATH?.....

DATE OF.....

WAS THERE AN AUTOPSY?.....

Yes

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Dyroy T. Francis, M. D.

, 19

(Address)

Barnes Hospital

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary Cemetery

6/7

1928

20. UNDERTAKER

ADDRESS

Croghan - 7146 Manchester

