

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

Do not use this space.

40721

1. PLACE OF DEATH
 County Jackson Registration District No. 1002
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Lakeside Hospital) St. _____ Ward _____

File No. _____
 Registered No. 3056
 St. _____ Ward _____

2. FULL NAME Dennis J Laughlin
 (a) Residence No. 810 West 28th St. 3 Ward _____
 (Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	23	7	4	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Medical Student
 (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) Missouri

10. NAME OF FATHER William J Laughlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Cunningham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ireland

14. INFORMANT Tom J Laughlin (Address) 810 W 28th St

15. FILED 12/13/28 M. M. Casare REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928 19 _____
 17. _____

I HEREBY CERTIFY, That I attended deceased from Dec 10, 1928 to Dec 12, 1928 that I last saw h. alive on Dec 12, 1928, and that death occurred, on the date stated above, at 8:40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1214
1213
10040 Cardiac Embolus
 (duration) yrs. mos. da. 1
 CONTRIBUTORY Phlebitis R. Iliac Ven
 (SECONDARY)
gangrene appendix (duration) yrs. mos. da. 9

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 10/28
 WAS THERE AN AUTOPSY? none
 WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms
 (Signed) George J. O'Leary M. D.
12/10, 1928 (Address) 290 Chestnut Bldg

*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 Caldvary DATE OF BURIAL 12/14 1928
 20. UNDERTAKER _____ ADDRESS _____

Quirk & Tobin Co--20 W Linwood

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

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.

Dec 10/28

A.C. Kennedy