

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

Do not use this space.

9342

1. PLACE OF DEATH

County North
Township Middlefork
City North

Registration District No. 6273
Primary Registration District No. 1112

File No.
Registered No.
St. Ward)

2. FULL NAME

Alva D. Laughlin
(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

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

Married

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

Daisy Laughlin

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

April 20, 1868

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or min.
<u>60</u>	<u>11</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

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

Farmer

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

General farming

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Iowa

10. NAME OF FATHER

John V. Laughlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Pennsylvania

12. MAIDEN NAME OF MOTHER

Sarah Elmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pennsylvania

14. INFORMANT

(Address)

Daisy Laughlin
North, Mo.

15. FILED

Feb. 26, 1929
C. Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb. 24, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1929 to Feb. 24, 1929, and that I last saw him alive on Feb. 24, 1929, and that death occurred, on the date stated above, at 9:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial degeneration

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH...

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Physician's report

(Signed) Thos. J. H. H., M. D.
, 19 (Address) Grant City, Mo.

*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

Grant City Cemetery 2/26, 1929

20. UNDERTAKER

ADDRESS

Arch C. Trumple Grant City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

