

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

Do not use this space.

11521

1. PLACE OF DEATH

County North
Township Sherridan
City Sherridan (No. _____)

Registration District No. 904
Primary Registration District No. 45-46

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Jessie Ophelia McLaughlin
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. 3 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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) Dec 4-1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>56</u>		<u>3</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Music Teacher
(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) Sherridan North Co. Mo

10. NAME OF FATHER James M. McLaughlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Galesburg Ill.

12. MAIDEN NAME OF MOTHER Octavia V. Johnston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Albany, Mo.

14. INFORMANT Laura V. Black

(Address) 3014 Wabash Ave. Kansas City Mo

15. FILED 3-19-1930 F. E. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 1930

17. I HEREBY CERTIFY, That I attended deceased from March 6 1930, to March 7 1930, that I last saw him alive on March 6 1930, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY (SECONDARY) 74-101

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Phys. Signs

(Signed) F. E. Johnson, M. D.

(Address) Sherridan 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

Sherridan Cemetery

DATE OF BURIAL

March 10/30

20. UNDERTAKER

Longf Boyd Sherridan Mo.

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