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.

MAY 27 1931

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

Do not use this space.

File No. 15578

Registered No. 166

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B

City Jefferson Bks (No. Post Hospital Jeff. Bks. Mo. St. Ward)

2. FULL NAME Selma A. McLaughlin

(a) Residence. No. St., Ward. Scott Field, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 25, 1901.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	30	3	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shellsburg
(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Andy Anderson

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank A. McLaughlin
(Address) Scott Field, Ill

15. FILED April 30, 1931 L. C. Obrot M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1931

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1931 to April 29, 1931 that I last saw her alive on April 29, 1931 and that death occurred, on the date stated above, at 11:35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac dilatation, acute

(duration) yrs. mos. 4 hrs ds.

CONTRIBUTORY (SECONDARY) Puerpural mania. Puerpural toxaemia (duration) yrs. mos. 10 ds.

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? Clinical

(Signed) Wm. E. Hall, Major, MC, M. D.

4-29, 1931 (Address) Jefferson Bks., 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
Shellsburg, Iowa	5/2 1931
20. UNDERTAKER	**ADDRESS**
C. Hoffmeister N-L Co.	7814 S. Broadway