

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

Do not use this space.

31590

1. PLACE OF DEATH

County Jefferson Registration District No. 411
 Township Joplin Mo Primary Registration District No. 2002
 City Joplin Mo (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1591 Ky Ave St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 - 1894</u>		
7. AGE	YEARS	MONTHS
	<u>37</u>	<u>1</u>
		DAYS
		<u>10</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Powell Co. Ky</u>	
	13. NAME <u>James F. Laughlin</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>McDonald Co. Mo</u>	
	15. MAIDEN NAME <u>Daisy L. Duggan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Mo</u>	
	17. INFORMANT (ADDRESS) <u>James F. Laughlin 1591 Ky Ave</u>	
	18. BURIAL, CREMATION OR REMOVAL PLACE <u>Dark Memorial</u> DATE <u>Sept 8, 1921</u>	
	19. UNDERTAKER (ADDRESS) <u>Frank - Henry Co Joplin Mo</u>	
	20. FILED <u>98</u> <u>J. C. Benson</u> Registrar.	

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1921

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1921 to Sept 8, 1921
 I last saw him on Sept 8, 1921 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Internal hemorrhage of chest - Date of onset Sept 6/31
stab wound

Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? homicide Date of injury Sept 6, 1921
 Where did injury occur? 1009 Va. Joplin, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public place
 Manner of injury gun shot
 Nature of injury knife wound

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Wm Simmons M. D.
 (Address) Commons Joplin, Mo.

WHITE 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.

SEP 22 1921

