

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

Do not use this space.

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1. PLACE OF DEATH

County Clark
Township Luesha
City.....

Registration District No. 190
Primary Registration District No. 5264

File No.....
Registered No. 52
St. Ward)

2. FULL NAME

Wm M Laughlin

(a) Residence, No..... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alice Laughlin McLaughlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 10 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

FATHER 13. NAME John M Laughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belfast Ireland

MOTHER 15. MAIDEN NAME Bridget Altan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

17. INFORMANT (ADDRESS) Raymond M Laughlin Cahola 2100

18. BURIAL, CREMATION, OR REMOVAL PLACE Cahola Cem DATE 12/8 19 31

19. UNDERTAKER (ADDRESS) Fred Thare Cahola 300

20. FILED 1/7 19 31 M Bridgno Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 19 31

22. I HEREBY CERTIFY, That I attended deceased (Name) Dec 1, 1931, to Dec 6, 1931

I last saw h..... alive on Dec 5, 1931. Death is said

to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance: 82H

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) R. Bridgno, M. D.

(Address) Cahola Mo

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.

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