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 23 1932

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

Do not use this space.

11952

1. PLACE OF DEATH

24

County Clay — Registration District No. 197 — File No.

Township Gallatin — Primary Registration District No. 5276. — Registered No. ~~20~~ 19

City N. K. C. R. R #5 (No. ..... St. ..... Ward)

2. FULL NAME Infant McLaughlin

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

Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Wh.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/12/32

7. AGE — YEARS — MONTHS — DAYS 1/2 day — If LESS than 1 day, 12 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) N. K. C. R. R #5 Mo

FATHER

13. NAME Otis McLaughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Court Mo

MOTHER

15. MAIDEN NAME Nellie White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) J. S. McLaughlin N. K. C. R. R #5

18. BURIAL, CREMATION, OR REMOVAL

PLACE Minnaville Cem DATE 4/13/ 1932

19. UNDERTAKER (ADDRESS) Malan & Co

20. FILED 4/13 1932 G. R. Dagg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1932, to April 13, 1932

I last saw her alive on April 12, 1932 Death is said to have occurred on the date stated above, at 8:39 m.

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

Date of onset

Barn without Cranium eyes or brain. (Maistose lip) 15 10

Other contributory causes of importance: Conjenital

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) Russell L. Hodge, M. D.

(Address) North Kans City Mo