

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.

JAN 9 9 1932

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

Do not use this space.

39362

1. PLACE OF DEATH

40 County Greene Registration District No. 330
Township Jackson Primary Registration District No. 3460
City Jackson (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

America M. Laughlin
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Asbury M. Laughlin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1841
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 3 —
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Dec. 15, 1932
11. Total time (years) spent in this occupation 90

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cottleville, Kentucky

13. NAME Samuel J. Hogan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Antwerp, Kentucky

15. MAIDEN NAME unknown

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

17. INFORMANT Miss J. Farmer Joiner (ADDRESS) North Township, K.T.D. #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity M. Co. Cemetery DATE Dec. 29, 1932

19. UNDERTAKER Dean Funeral Service, 4000 Grand (ADDRESS) Trinity, Mo. #3927

20. FILED 28 Dec 1932 E.A. Duffey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932 to Dec 28, 1932
I last saw him alive on Dec 25, 1932 Death is said to have occurred on the date stated above, at 9:40 A.M.
The principal cause of death and related causes of importance were as follows:

Protracted Pneumonia
107A / 107A
Other contributory causes of importance: _____
Date of onset Dec 18, 1932

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? No
If so, specify _____
(Signed) J.P. Meigs, M. D.
(Address) Princeton, Mo.

