

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.

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

Do not use this space.
36015

1. PLACE OF DEATH
 25 County Clayton Registration District No. 204
 Township Shoal Primary Registration District No. 3013
 4 City Cameron (No. _____) St. _____ Ward _____
 2. FULL NAME Gordon Dale McLaughlin
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1
 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) Cameron Mo
 13. NAME Jas. B. McLaughlin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
 15. MAIDEN NAME Lattie Lee
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weatherby Mo
 17. INFORMANT Jas. B. McLaughlin (ADDRESS) Cameron Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Christian Chapel DATE Nov. 25 1933
 19. UNDERTAKER (ADDRESS) W. H. Moore Cameron Mo
 20. FILED No 25 1933 A. C. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1933
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1933 to Nov. 23, 1933
 I last saw him alive on Nov 23 1933 Death is said to have occurred on the date stated above, at last m.
 The principal cause of death and related causes of importance were as follows:
Premature Birth (7 1/2 months term) Date of onset 11-19-
150
 Other contributory causes of importance:
8
 Name of operation _____ 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? _____ 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) R. W. W. D. D.
 (Address) Cameron Mo

