

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

Do not use this space.

1500

1. PLACE OF DEATH

County Cassion
Township Frank
City N. C. Mo. (No. general Hospital)

Registration District No. 307
Primary Registration District No. 1

File No. _____
Registered No. 483
St. _____ Ward _____

2. FULL NAME

William Frank McLaughlin
(a) Residence, No. 405 S. Lusk 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 Male 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) March 7-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 10 22

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

13. NAME Edward E. McLaughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

15. MAIDEN NAME Mary E. Huff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Nancy E. McLaughlin
405 S. Lusk

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Feb. 2, 1934

19. UNDERTAKER (ADDRESS) Mrs. E. S. Lusk
918 W. 2nd St. N. C. Mo.

20. FILED Jan 31, 1934 M. M. Larome Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 29, 1934 to Jan 29, 1934
I last saw him alive on Jan 29, 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

Tobar Pneumonia Date of onset 1-22-34

Other contributory causes of importance: _____

Name of operation no Date of _____

What test confirmed diagnosis autopsy Was there an autopsy? yes

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) Charles Nelson M.D.
(Address) 1200 W. 13th St. N. C. Mo.

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.

OCCUPATION
FATHER
MOTHER

