

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

Do not use this space.

8103

1. PLACE OF DEATH

County Cass
Township Bevier
City (No. _____) _____

Registration District No. 117
Primary Registration District No. 167

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

2. FULL NAME

Cornel Francis Laughlin

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------------------|---|
| 3. SEX <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Laughlin</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19</u> | | |
| 7. AGE YEARS <u>72</u> | MONTHS <u>July</u> | DAYS <u>19</u> |
| 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | |
| 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 |

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1934, to Mar 19, 1934. I last saw h. alive on Mar 10, 1934. Death is said to have occurred on the date stated above, at 2 P. M. The principal cause of death and related causes of importance were as follows:

Flu - Pneumonia
fever
Date of onset 3.10-34

Other contributory causes of importance:
none

OCCUPATION

FATHER

MOTHER

(ADDRESS)

BURIAL, CREMATION, OR REMOVAL

UNDERTAKER (ADDRESS)

FILED

Name of operation none Date of _____
What test confirmed diagnosis? P. & S. G. 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 no
(Signed) B. D. Leubner, M. D.
(Address) Cassadonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Voltaire Moulden

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

15. MAIDEN NAME Mary Foster

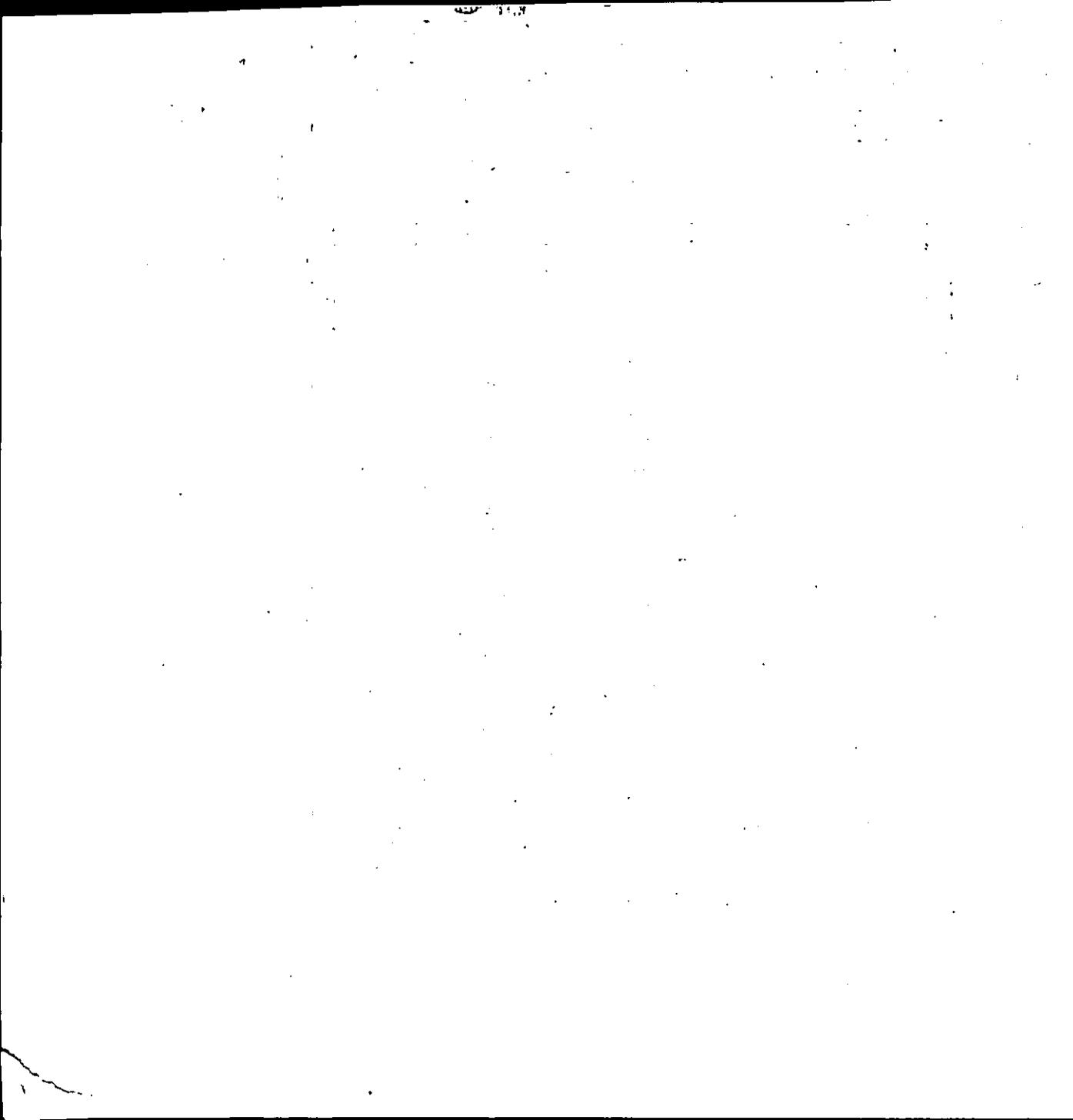
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) F. Moulden

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laughlin DATE Mar 19, 1934

19. UNDERTAKER (ADDRESS) Friends

20. FILED Apr 10, 1934 Lizzie Keller
Registrar.



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

1. PLACE OF DEATH

County Camden Registration District No. 117 File No. _____
 Township Osage Primary Registration District No. 5167 Registered No. _____
 City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME

Corneal Francis 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 <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Laughlin</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-29-62</u> | | |
| 7. AGE YEARS <u>72</u> | MONTHS <u>1</u> | DAYS <u>19</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | |
| 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 |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-18 1934
 22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1934 to Mar 18, 1934
 I last saw her alive on Mar 18, 1934 Death is said to have occurred on the date stated above, at S. A. m.
 The principal cause of death and related causes of importance were as follows:

Blue Pneumonia
fever
 Date of onset unknown

Other contributory causes of importance:

| |
|--|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
| 13. NAME <u>Valentine Moulder</u> |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> |
| 15. MAIDEN NAME <u>Mary Foster</u> |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> |
| 17. INFORMANT (ADDRESS) <u>F. J. Moulder</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laughlin bur</u> DATE <u>Mar 19</u> 19 <u>34</u> |
| 19. UNDERTAKER (ADDRESS) <u>Friends</u> |
| 20. FILED <u>Apr 10</u> 19 <u>34</u> <u>Lizette Keller</u> Registrar. |

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) E. G. Claiborn, M. D.
 (Address) Camden, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED

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