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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22260

Township ..... Primary Registration District No. 1003 Registered No. 6036

City St. Louis, (No. Missouri Baptist Hospital. St. ..... Ward)

2. FULL NAME Agnes McLaughlin.

(a) Residence, No. 2736a Osage St. St., 15 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## 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 James McLaughlin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10. 1866.

7. AGE: Years 67 Months 10 Days 7 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Athome.
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) St. Louis, Mo.

FATHER

13. NAME Neal Hegney.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.

MOTHER

15. MAIDEN NAME Elizabeth Hearne.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Bessie McLaughlin Becker 2736a Osage St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE June 21, 1934.

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED JUN 19 1934, 19 J. S. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934, to June 17, 1934

I last saw h. EA alive on June 17, 1934 Death is said to have occurred on the date stated above, at 9 40 P. m.

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

Bronchio-Pneumonia — Date of onset June 12

1587

1672

Other contributory causes of importance: Arterio Sclerosis

Name of operation None 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? None 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 None

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) M. Tupper Plumpe, M. D.

(Address) 2853 Osage St.