

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Charles  
Township St. Joseph, Wash't  
City St. Charles (No. \_\_\_\_\_)

Registration District No. 757  
Primary Registration District No. 3036

File No. 26135  
Registered No. 128  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 7 Fallon 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. 7 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1 - 1861</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>4</u>	DAYS <u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.

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

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) Illinois

13. NAME Thomas M. Laughlin

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

15. MAIDEN NAME Shaw

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

17. INFORMANT (ADDRESS) Albert M. Laughlin  
St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE 7/28 1934

19. UNDERTAKER (ADDRESS) E. K. Keith  
Fallon Mo.

20. FILED 7/28 1934 George B. Messer  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 1934, to July 27 1934.  
I last saw him alive on July 26 1934 Death is said to have occurred on the date stated above, at 3:40 A. M.

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

Bronchopneumonia  
Myocardial degeneration with general edema.

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) Vincent G. Schneider, M. D.  
(Address) St. Charles, 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. AUG 16 1934

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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