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.

JAN 18 1935

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

Do not use this space.

42861

1. PLACE OF DEATH
County JACKSON — Registration District No. 399
Township KAW — Primary Registration District No. 1002
City KANSAS CITY (No. 2904 WABASH St. Ward)

File No.
Registered No. 52784

2. FULL NAME MRS. ELIZABETH JANE McLAUGHLIN
(a) Residence, No. 2904 WABASH St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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 or~~ (OR) WIFE OF WILLIAM E. McLAUGHLIN

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

7. AGE: YEARS about 65 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
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) PENNSYLVANIA

FATHER
13. NAME SAMUEL DRAYER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA

MOTHER
15. MAIDEN NAME HANNAH SCHMIDT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNSYLVANIA

17. INFORMANT MRS. JOSEPH HOWLETT
(ADDRESS) 1204 EAST 14TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE DEC-6 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Dec 5 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1934, to Dec 3, 1934.
I last saw her alive on Dec 2, 1934. Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	12-3-34
9yrs	
9yrs	

Other contributory causes of importance: Arteriosclerosis

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) H. A. Breyfogle M.D.
(Address) Medical Arts Bldg

818 Medical arts bldg.
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