

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.

JUN 24 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Jackson

Lawson

Kansas City

Registration District No.

Primary Registration District No.

(No.)

1002

4126 Claremont

File No.

Registered No.

St.

Ward)

16448

## 2. FULL NAME

(a) Residence, No.

(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.

Andrew Jackson Laughlin

4126 Claremont St.

Ward.

(If nonresident, give city or town and State)

3

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Florence Laughlin

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

June 18, 1858

7. AGE

YEARS  
76MONTHS  
10DAYS  
19

IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Retired 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)

Iowa

13. NAME

Jonathan C. Laughlin

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

Virginia

15. MAIDEN NAME

Gloria Jane Newman

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

Tennessee

17. INFORMANT

(ADDRESS)

Mrs. A. J. Laughlin  
4126 Claremont, K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Adelma, Mo

DATE

5/8

1935

19. UNDERTAKER

(ADDRESS)

L. L. Husman  
Adelma, Mo

20. FILED

5-8, 1935 M. M. Crowe, Assoc. Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

May 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from

June 1933 to May 7, 1935

I last saw him alive on May 7, 1935. Death is said

to have occurred on the date stated above, at 10:40 P.M.

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

Uremia  
Chronic arteriosclerotic  
nephritis

Date of onset  
5/3-35

Other contributory causes of importance:

Arteriosclerosis  
Chronic hepatitis

Name of operation

Date of

What test confirmed diagnosis? Clinical 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) M. M. Crowe, M. D.

(Address) 836 Prof. Bldg. K.C. Mo

