

JUL 20 1936

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

Do not use this space.

25192

1. PLACE OF DEATH

County Scott  
Township Rothman  
City..... (No....., St..... Ward)

Registration District No. 821  
Primary Registration District No. 6070

File No.....  
Registered No.....

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or        min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Infant Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co Mo

13. NAME Jack Laughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lin Co, Mo.

15. MAIDEN NAME Bonnie Inman

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

17. INFORMANT (ADDRESS) Jack Laughlin Denton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Minor Switch Mo. DATE 6/30 1936

19. UNDERTAKER (ADDRESS) G. A. Dempster Sikeston, Mo.

20. FILED 7-7 1936 W. H. Crumley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1936

22. I HEREBY CERTIFY That I attended deceased from June 21, 1936, to June 26, 1936. I last saw him alive on June 22, 1936. Death is said to have occurred on the date stated above, at 3 A. m.

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

Prematurity

Date of onset

Other contributory causes of importance

Name of operation Autopsy Date of.....

What test confirmed diagnosis? Autopsy 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) Howard B. Kendall, M. D.

(Address) Sikeston, 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.

