

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Spartan
 Township Richland
 City Sikeston (No. St. Ward)

Registration District No. 821
 Primary Registration District No. 4553

File No. 13778
 Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

SALIF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Alice Rough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1869

7. AGE YEARS 77 MONTHS 10 DAYS 6 If LESS than 1 day, hrs. or min.

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) New Bedford Penn.

13. NAME Amos Tough

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

15. MAIDEN NAME Louisa (unknown)

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

17. INFORMANT (ADDRESS) Geo Tough Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston DATE 3/29 1937

19. UNDERTAKER (ADDRESS) H. G. Welch Sikeston Mo

20. FILED 4-6 1937 W. H. Presnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to 3-27 1937

I last saw him alive on 3-27 1937. Death is said to have occurred on the date stated above, at 1240 m.

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

Paralysis
Cerebral Paralysis
Hemiplegia
 Date of onset: 1935

Other contributory causes of importance:
Spontaneous Hypertension
Ch. Cardiac Valvular
Disease

Name of operation none 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?
 If so, specify

(Signed) Thomas C. McClure 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.

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

Do not use this space.

1. PLACE OF DEATH

County Seath
Township _____
City Lineston (No. _____)

Registration District No. 821
Primary Registration District No. 4523

File No. 13778
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Milton Laugh

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) and

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 77 MONTHS 10 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

Other contributory causes of importance: _____

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) _____
11. Total time (years) spent in this occupation _____

Paralysis
Cerebral Paralysis 1934
Haemiplegia 1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 4-7 1937 W. H. Resnell Registrar

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) Thos C. McClure, M. D.
(Address) Lineston mo

N. B.—Every item of information should be carefully supplied. For accurate results. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SUPERSEDED

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