MAY 17 1937

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

Do not use this space.

File No. 15640

Registered No. 18

1. PLACE OF DEATH
County: Bates
Township: OSAGE
City: ~~Osage Twp.~~ (No. ..., ..., St. ..., Ward)
Registration District No. 53
Primary Registration District No. 5087

2. FULL NAME: Emmitt Mc Laughlin
(a) Residence, No. RFD Rich Hill Mo. 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 6 - 1856

7. AGE: YEARS 80 | MONTHS 4 | DAYS 17 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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): April 1/37
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: John Mc Laughlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Susan Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT: Harve Robinson
(ADDRESS): Rich Hill Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Robinson Cem. DATE: April 26/37, 19

19. UNDERTAKER: Booth Funeral Service.
(ADDRESS): Rich Hill Mo.

20. FILED: May 16, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937, to April 23, 1937
I last saw him alive on April 23, 1937. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis (Purulent)	
Acute Cystitis (Purulent)	
Prostatic Hypertrophy	

137

Other contributory causes of importance:
Septic Thrombi in Kidney Tissue

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

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) [signature], M. D.
(Address) Rich Hill, 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.