

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

Do not use this space.

1. PLACE OF DEATH *OCT 19 1937*
 County *Jackson* Registration District No. *399*
 Township *Jaw* Primary Registration District No. *1002*
 City *Kansas City* (and) *General Hosp* St. _____ (Ward) _____

2. FULL NAME *Charles Laughter*
 (a) Residence, No. *714 1/2* St. _____ Ward. _____
 (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. (If nonresident, give city or town and State)

File No. *33445*
 Registered No. *3000*
 St. _____ (Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* **4. COLOR OR RACE** *W* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *(write the word)* *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 3, 1854*

7. AGE YEARS *83* MONTHS *4* DAYS *19* If LESS than 1 day, _____ hrs. or _____ min.

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) *Clay County Mo*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Albert Laughter 714 1/2*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Highland 9/27 1937*

19. UNDERTAKER (ADDRESS) *Watkins Bros 1729 Lydia*

20. FILED *9/27 1937 M. M. Brown*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-22-1937*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him/her _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *9:40 P.M.*
 The principal cause of death and related causes of importance were as follows:
Cancer of Stomach Date of onset _____
46

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Autopsy* 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) *Lauran P. Richardson*, M. D.
 (Address) *1822 York*

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.

