

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

Do not use this space.

**1. PLACE OF DEATH**

County Leafe  
Township \_\_\_\_\_  
City Jefferson City No. \_\_\_\_\_

Registration District No. 213  
Primary Registration District No. 3014

File No. 2494  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Miss Elizabeth McLaughlin 242  
(a) Residence, No. 950 West High 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** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** June 13-1861  
**7. AGE** YEARS 77 MONTHS 6 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jan 10 1938  
**22. I HEREBY CERTIFY** that I attended deceased from October 20, 1937 to Jan 10, 1938  
I last saw h. live on Jan 9, 1938. 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:

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

Date of onset \_\_\_\_\_  
Arterio sclerosis  
Other contributory causes of importance: A.I.  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ireland  
**FATHER'S NAME** James McLaughlin  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ireland  
**MOTHER'S MARRIEN NAME** unknown  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** \_\_\_\_\_

**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 \_\_\_\_\_

**17. INFORMANT** J. J. Leary  
(ADDRESS) 7th Argonne St  
**18. BURIAL, CREMATION, OR REMOVAL**  
St. Peter's Cem. DATE Jan 12 1938  
**19. UNDERTAKER** Rayson - Plummer  
(ADDRESS) Jefferson City  
**20. FILED** 1/11/38 1938 S. V. Bezygal M. D. Registrar

**24. Was disease or injury in any way related to occupation of deceased?** no  
If so, specify \_\_\_\_\_  
(Signed) S. V. Bezygal, M. D.  
(Address) Jeff. City, Mo.

WHITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

27-5-38

RECEIVED FEB 2 1938  
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