

REC'D APR 6 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11540

1. PLACE OF DEATH

County MontgomeryTownship MontgomeryCity MontgomeryRegistration District No. 592Primary Registration District No. 4350

File No. _____

Registered No. 10

St. _____ Ward _____

2. FULL NAME Charles Tolton Laughlin245

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

7

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 7 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX
Male4. COLOR OR RACE
White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF None6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18, 18587. AGE YEARS MONTHS DAYS IF LESS than 1
day,hrs.
ormin.
79 5 3

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Retired farmer9. 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. 72 yrs12. BIRTHPLACE (CITY OR TOWN). Kentucky
(STATE OR COUNTRY)13. NAME John William Laughlin14. BIRTHPLACE (CITY OR TOWN). Worcester
(STATE OR COUNTRY) Virginia15. MAIDEN NAME Nellie E;getha16. BIRTHPLACE (CITY OR TOWN). Kentucky
(STATE OR COUNTRY)17. INFORMANT Mrs. Sheldon Dixon
(ADDRESS) Montgomery City, Missouri18. BURIAL, CREMATION, OR REMOVAL Cem.
PLACE Montgomery City DATE March 22, 193819. UNDERTAKER Oland A. Jones
(ADDRESS) Befflower, Missouri.20. FILED March 21, 28 Bull Menefee
Registrar. 522

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 193822. I HEREBY CERTIFY, That I attended deceased from
Feb. 6, 1938 to March 20, 1938I last saw him alive on March 20, 1938 Death is saidto have occurred on the date stated above, at 5 A. m.

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

	Date of onset
<u>1. Obstruction perpherial circulation of right foot</u>	<u>3 mo.</u>
<u>2. Broncho-pneumonia, left upper and lower lobes</u>	<u>2 days</u>
<u>3. Bronchitis, right chest</u>	<u>2 days</u>

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exam 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? No

If so, specify _____

(Signed) Bull Menefee, M. D.(Address) Montgomery City, Missouri.

