

REC'D JUN 15 1938

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

Do not use this space.

17560

## 1. PLACE OF DEATH

County Adair  
Township Benton  
City Kirkville (No. Laughlin Hospital)

Registration District No. 4  
Primary Registration District No. 3001

File No. \_\_\_\_\_  
Registered No. 87  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17" 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 6 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
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) May 28 1938 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brasher, Mo.

MOTHER FATHER 13. NAME J. A. Walters

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

15. MAIDEN NAME Villa Parsons

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

17. INFORMANT J. A. Walters (ADDRESS) Brasher, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brasher Cemetery DATE 5/30 1938

19. UNDERTAKER F. R. Eastley (ADDRESS) Brasher, Mo.

20. FILED June 1, 1938 Spencer Freeman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29" 1938

22. I HEREBY CERTIFY, That I attended deceased from 10:55 PM May 28, 1938, to May 29, 1938  
I last saw him alive on May 28, 1938 Death is said

to have occurred on the date stated above, at 2 P m.  
The principal cause of death and related causes of importance were as follows:

Respiratory paralysis  
Cardiac paralysis at 2 PM  
Apparently due to poisoning  
Other contributory causes of importance following use of "patent" medicine on May 28 1938

Date of onset  
5:00 AM  
5-29-38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) Earl Laughlin J. M. D.

(Address) Kirkville, 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.

