

REC'D SEP 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Linn
 Township Millwood
 City (No.) (Ward) 810

Registration District No. 490
 Primary Registration District No. 5657

File No. 29381
 Registered No. 5

2. FULL NAME

Thomas Eugene McLaughlin
 (s) Residence, No. Edna MO St. Ward.
 (Usual place of abode) (If not resident, 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>21</u>	<u>4</u>	<u>14</u>	

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

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora Ill.

13. NAME Thos. McLaughlin

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

15. MAIDEN NAME Katie McQuirk

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

17. INFORMANT (ADDRESS) Robt B. Halley, Edna MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Interment DATE 8-31-38

19. UNDERTAKER (ADDRESS) Joseph Hardman Co., Edna MO

20. FILED 8-31-38 1938, O. H. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 - 1938

22. I HEREBY CERTIFY, That I attended deceased from held on quest 1938 on Aug 31 1938.

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 4 P. M.

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

Was a accidental drowning in W.P.A. Pond 1/2 mile W. of Millwood MO.

Other contributory causes of importance: 10 ft.

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 Aug 31, 1938

Where did injury occur? 1/2 mile West of Millwood MO. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. P. Kunkel, M. D.

437 (Address) Old Monroe, 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.

