

REC'D OCT 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County MaconRegistration District No. 533File No. 32703

Township

Primary Registration District No. 3027Registered No. 59City Macon(No. Still - Admitted Sanatorium Ward)

2. FULL NAME

Mrs Anna McLaughlin(a) Residence, No. Sanford Okla St. Mackinac Ward W. Sanford Okla
(Usual place of abode) (If nonresident, give city of town and State)Length of residence in city or town where death occurred yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14th 19667. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 yrs 5 mos 7 ds8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

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 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wathena Kans13. NAME Leather Dillion14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Permy15. MAIDEN NAME Harriett Thayer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina17. INFORMANT (ADDRESS) Ollie R. Whaley D.O. Macon, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Saned Springs Okla DATE 9-23-193819. UNDERTAKER (ADDRESS) Stephens & Gooding Macon, Mo.20. FILED 10/5 1938 See to the Registrar #76

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21st 193822. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to Sept 21st, 1938
I last saw her alive on Sept 21st, 1938. Death is said to have occurred on the date stated above, at 10 A. m.

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

Myocarditis and nephritis - interstitial Date of onset 4 mos ago had heart attack

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Path. & Clin. Was there an autopsy? _____

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) Ollie R. Whaley D.O., M.D.
(Address) Macon, Mo.

925

RECEIVED

District Health Officer No. 10

District File Number 10-38-292

Date Filed 10-5-38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32703
Do not use this space.

1. PLACE OF DEATH
 (a) County Macon Registration District No. 333
 (b) Township Primary Registration District No. 2027 Registered No.
 (c) City Macon (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Mc Caughen
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>5</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1938

22. I HEREBY CERTIFY, That I attended deceased from to
 I last saw h..... alive on 19..... 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:
m. g. Carditis and
staphylococcus (chronic)
 Other contributory causes of importance: 12/1
R. Whaley
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify
 (Signed) Allice R. Whaley M.D.
 (Address) Macon

SUPPLEMENTAL
 Fee & other

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar.

