

1939 AUG 19

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

Do not use this space.

1. PLACE OF DEATH

County Lexington Registration District No. 867  
Township Roubidoux Primary Registration District No. 6147  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 27074  
Registered No. \_\_\_\_\_

2. FULL NAME

Miley Mitchell McLaughlin  
(a) Residence, No. Palace 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6 1939

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 1 24

I last saw him alive on April 3rd 1939. Death is said to have occurred on the date stated above, at 4:30 A. 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. Farmer  
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) 5 or 6 yrs 11. Total time (years) spent in this occupation

Chronic Interstitial Nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance: 121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Batesville Miss

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

13. NAME Marcus McLaughlin

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Katherine Kimbrough

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT C. M. McLaughlin (ADDRESS) Palace

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Palace DATE 4-7- 1939

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

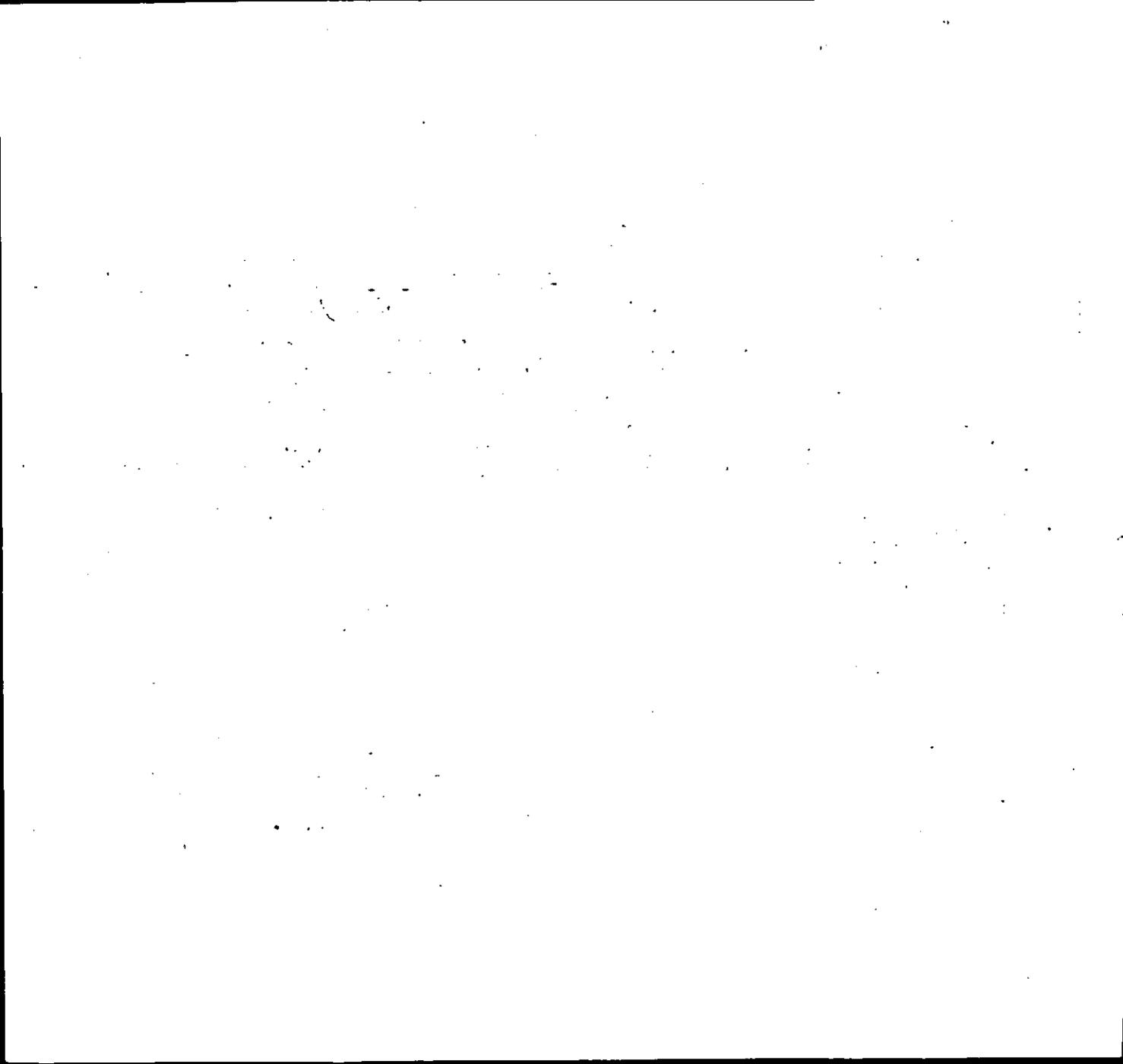
19. UNDERTAKER (ADDRESS) R. B. Lilley

(Signed) Robert B. Lilley, M. D.

20. FILED 4-8 1939 R. B. Lilley Registrar.

(Address) Plato, Mo

COPY OF DEATH CERTIFICATE IS PROPERTY OF BUREAU OF VITAL STATISTICS, MISSOURI STATE BOARD OF HEALTH. IT IS TO BE KEPT IN FILE IN THIS OFFICE FOR A PERIOD OF FIFTY YEARS. IT IS TO BE DESTROYED AFTER THAT PERIOD UNLESS IT IS REPRODUCED IN ANOTHER FORM. IT IS TO BE KEPT IN FILE IN THIS OFFICE FOR A PERIOD OF FIFTY YEARS. IT IS TO BE DESTROYED AFTER THAT PERIOD UNLESS IT IS REPRODUCED IN ANOTHER FORM.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

270747  
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 867  
(b) Township Roubidoux Primary Registration District No. 6147 Registered No. ....  
(c) City ..... (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

Wiley Mitchell McLaughlin  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 1 24

OCCUPATION 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 4-8 1939 R. B. Lilley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw him 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:

Other contributory causes of importance: .....

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) Robert B. Tilley M. D.  
(Address) Plato

SUPPLEMENTARY

Date of onset

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

1939  
S-27074

Department of Agriculture

U. S. GOVERNMENT PRINTING OFFICE

Washington, D. C.