

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

41051
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3939
 (c) or City Neosho (d) Street No. 301 E. Ashland Registered No. 258
 (e) Length of residence in city or town where death occurred 4 1/2 yrs. How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Catherine O'Laughlin
 (a) Residence, No. 301 E. Ashland 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE Michael O'Laughlin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 1 - 1862
 7. AGE YEARS 77 MONTHS 8 DAYS 9 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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 All life

12. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Del.

FATHER 13. NAME John Walker

FATHER 14. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Del.

MOTHER 15. MAIDEN NAME Maggie Cormode

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Del.

17. INFORMANT (ADDRESS) Mary Reedy
J. Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL Neosho Cemeter DATE Nov 13 1939

19. FUNERAL DIRECTOR (NAME) Ferry Funeral Home (ADDRESS) J. Nevada, Mo

20. FILED 11-21 1939 Allen J. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 10 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 1939 to Nov. 10 1939
 I last saw her alive on Nov 10 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset
 Other contributory causes of importance: HTN

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) CR King, M. D.
 (Address) Neosho, 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.

DEC 18 1939

RECEIVED
District Health Officer No. 7;
District File Number 2-39-1212
Date Filed 2-12-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ personally
....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd R. Winscott
Licensed Embalmer No. 3857
P. O. Address Merada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, above space should be left blank.