

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

Do not use this space.

OCT 13 1934

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor (No. _____, St. _____, Ward _____)

Registration District No. 14
Primary Registration District No. 7211

File No. 32598
Registered No. 17

2. FULL NAME

Floyd E. Laughlin
(a) Residence, No. 510 S. Franklin St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

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

13. NAME Floyd Laughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Creek, Mo.

15. MAIDEN NAME Ruby Smith

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

17. INFORMANT Floyd Laughlin (ADDRESS) Windsor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Sept. 8-34

19. UNDERTAKER HUGHES'S FUNERAL CHAPEL (ADDRESS) Windsor, Missouri

20. FILED Sept 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7-34. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1934, to Sept 7, 1934

I last saw him alive on Sept 7, 1934. Death is said to have occurred on the date stated above, at 9 a.m.

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

Branchio pneumonia
157D
107A 157D
Date of onset 9-5-34
Other contributory causes of importance:
Post operative
suppurated abscess.

Name of operation Imperforate Anus Date of 9-4-34
What test confirmed diagnosis? Exam. 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) Ray B. Jordan, M. D.
(Address) Windsor, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

