

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

Do not use this space.

APR 26 1937

1. PLACE OF DEATH

County Ray

Registration District No. 744

Township Richmond

Primary Registration District No. 3035

City Richmond (No.)

File No. 13165

Registered No.

St. Ward)

2. FULL NAME

Elyie D. McLaugh

(a) Residence, No. St. 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

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 59 3 29

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

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. ---

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

13. NAME No one known

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

15. MAIDEN NAME ---

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

17. INFORMANT Frank McLaugh (ADDRESS) Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE 3-31-37

19. UNDERTAKER C. M. Henry (ADDRESS) Richmond, Mo.

20. FILED Apr. 10, 1937 Maup. McDonald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to Mar. 30, 1937

I last saw her alive on, 19..... Death is said to have occurred on the date stated above, at 12 m.

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

Coronary Thrombosis

Other contributory causes of importance 106
Myocardial Infarction

Name of operation, Date of

What test confirmed diagnosis? History 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 H

Nature of injury

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

If so, specify

(Signed) W. G. Gaines, M. D.

(Address) Richmond, 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.

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