

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

15662

Do not use this space.

REC'D MAY 17 1938

1. PLACE OF DEATH

(a) County Ray Registration District No. 743
 (b) Township Grading River Primary Registration District No. 6237 Registered No. 7
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Sterling P. McLaughh 220

(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 Male 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 Nora Endsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 8 - 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>2</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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 1

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

FATHER 13. NAME Andy McLaughh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayville (Hallard)

MOTHER 15. MAIDEN NAME Ditta Mae Shuman

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

17. INFORMANT (ADDRESS) Mrs Nora McLaughh
Orrick R. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown DATE 4-13 1938

19. FUNERAL DIRECTOR (ADDRESS) Gibson + Son Funeral Home

20. FILED 571 1938 Orrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1938 to Apr 12 1938. I last saw him alive on Apr 19 1938. Death is said to have occurred on the date stated above, at 5:20 am. The principal cause of death and related causes of importance were as follows:

Gastric ulcer -
Thrombosis -
Peritonitis,
probably from perforation -
Other contributory causes of importance: 1170
Gastric ulcer for years

Name of operation none 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) Orrick, M. D.
 (Address) Orrick 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.

STATEMENT BY LICENSED EMBALMER

I, W. Gibson, Licensed Embalmer No. 2299
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. Gibson
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed W. Gibson
Licensed Embalmer No. 2299

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.)