

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

Do not use this space.

9843

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 131
Township Republic Primary Registration District No. 6782
City (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Mrs. Ida M. C. Laughlin
(a) Residence No. R. F. D. # 3 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 5/29
....., 19....., to Feb 14, 19.....
that I last saw h. er. alive on Feb 14, 19....., and that death occurred, on the date stated above, at 12:20 P.M.

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

J. H. M. C. Laughlin

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Pulmonalis

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

Sept. 2 - 1880

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

48 6 10

31 rec'd 2 yrs. mos. ds.
(duration)

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) 31
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

Cape Girardeau, Missouri

IF NOT AT PLACE OF DEATH.....

18. WHERE WAS DISEASE CONTRACTED.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum & X Ray Ex
(Signed) Carl W. Himmelfarb, M. D.

....., 19..... (Address) Cape Girardeau

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. J. H. M. Combs

(Address) R. F. D. # 3

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

M. C. Chain, Cemetery March 13, 1929

15. FILED 3/13, 1929 Oliver Miller

REGISTRAR

20. UNDERTAKER

W. H. Murphy 536 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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