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

Do not use this space.

38446

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Frisco Hosp. St. ..... Ward)

File No. .....

Registered No. 11118

2. FULL NAME Wm H. Caughlin

(a) Residence. No. R. R. Y. M. C. A. St., 22 Ward. Rail-Road Man

(Usual place of abode) Tom & Eugenia (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. X mos. X ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3. 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	7	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Flagman

(c) Name of employer Frisco R. R.

9. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Caughlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Katharine Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland (STATE OR COUNTRY)

14. INFORMANT Patient

(Address) Mrs Kittie Caughlin - 4926 Laclede

15. FILED DEC 12 1927, 19..... Max E. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-12 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-18, 1927, to 12-12, 1927 that I last saw h— alive on 12-12, 1927, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver

44B

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Starvation

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10-29-27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Earl R. Rice, M. D

, 19 (Address) 4960 Laclede Ave

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Seymore Ind

DATE OF BURIAL: 12/14 1927

20. UNDERTAKER: A W McLaughlin

ADDRESS: 1631 Missouri

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD