

PLACE OF BIRTH

New York State Department of Health
DIVISION OF VITAL STATISTICS

(1127)

CERTIFICATE OF DEATH

Registered No. 12

STATE OF NEW YORK
County *Cattaraugus*
Town *Allegany*
Village *Allegany*
City

(No. *190 Main St.*)

Sex: *Male* (Word)

FULL NAME *James G. McLaughlin*

Residence No. *190 Main St.* Ward

(Usual place of abode)

Age *9*

Month *Jan* Year *1934* Day *17*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Male* COLOR OR RACE *White* Single Married Widowed or Divorced *Married*

DATE OF DEATH (month, day and year)

IF MARKED, WIDOWED OR DIVORCED

Jan 17 1934

DATE OF BIRTH (month, day and year) *April 10 1888*

I HEREBY CERTIFY, That I attended deceased from *10/10/33* to *Nov 17 1934*

AGE Years *46* Months *5* Days *29*

I last saw him alive on *Nov 16 1934*

EDUCATION *Teacher*

To the best of my knowledge, death occurred on the date stated above, at *11 A.M.*

PROFESSION *Teacher*

CAUSE OF DEATH *3*

RELIGION *Roman Catholic*

Pulmonary tuberculosis chronic

DATE OF MARRIAGE *June 1934*

CONTRIBUTORY CAUSES

NAME OF SPOUSE *Patricia H. McLaughlin*

(1) Toxicemia of the disease 4

MAIDEN NAME *Frances Smith*

(2) Arteriosclerosis 2

PLACE OF BIRTH (City, Town or Village)

(3) 97

PLACE OF BIRTH (State)

(4) 97

PLACE OF BIRTH (Country)

26 Where any disease originated, sustained or contracted *at home*

PLACE OF BIRTH (Place of Birth)

27 Name of operation, if any *none*

PLACE OF BIRTH (Place of Birth)

Condition for which performed

PLACE OF BIRTH (Place of Birth)

Mean or part of date

PLACE OF BIRTH (Place of Birth)

28 What laboratory test made if diagnosis *Sputum*

PLACE OF BIRTH (Place of Birth)

29 Was there any autopsy? *No*

Joseph A. Williams

Allegany City

11/17/34

1934

1934