

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

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

PLACE OF DEATH

County Jasper

Township _____
or

Village _____
or

City Carl Junction (NO. _____ St. _____ Ward _____)

Registration District No. 406

File No. 19614

Primary Registration District No. 4240

Registered No. 16

(If death occurred, in a hospital or institution, give its NAME instead of street and number)

FULL NAME Marcelia Jean MacLaugh

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED. Widowed
(Write the word)

DATE OF BIRTH June 1, 1853
(Month) (Day) (Year)

AGE 61 yrs. - 21 mos. - 21 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country) Indiana

PARENTS NAME OF FATHER Nellie Jean

BIRTHPLACE OF FATHER Ind.

MAIDEN NAME OF MOTHER Dora Knott

BIRTHPLACE OF MOTHER Ind.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Monbaurgh

(ADDRESS) Joplin Mo (Rt # 2)

Filed June 23 1914 H. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 22, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 18, 1914, to June 22, 1914, that I last saw her alive on May 18, 1914, and that death occurred, on the date stated above, at 3 p. m. The CAUSE OF DEATH* was as follows:

Paralysis
87 D
(Duration) 1 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) D. F. Dumbrow M. D.
June 23, 1914 (Address) Carl Junction

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS; INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) -
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Carl Junction

DATE OF BURIAL June 23, 1914

UNDERTAKER Power Mesc. Co.

ADDRESS Carl Junction

