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

PLACE OF DEATH

County Grundy

Township Trenton

or

Village

or

City (NO. St.; Ward)

Registration District No. 330 File No. 12873

Primary Registration District No. 5459 Registered No. 37

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

FULL NAME Albert Loyd Maug

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Infant Single

DATE OF BIRTH: March (Month) 4th (Day), 1913 (Year)

AGE: yrs. mos. 27 ds.

If LESS than 1 day, hrs. or min.?

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

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

BIRTHPLACE (City or town, State or foreign country): Grundy Co Mo

PARENTS

NAME OF FATHER: Adolph Maug

BIRTHPLACE OF FATHER (City or town, State or foreign country): Germany

MAIDEN NAME OF MOTHER: Minnie Fields

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Iowa

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adolph Maug

(ADDRESS) Trenton R.F.D. #6

Filed Apr 1, 1913. E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 31 (Month) (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 21, 1913, to Mar 31, 1913 that I last saw him alive on Mar 29, 1912, and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

119B Colitis

161D

(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY) Infection of Navel

(Duration) yrs. mos. 10 ds.

(Signed) J. G. Fair M. D.

Mar 31, 1913 (Address) Trenton Mo

*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: Grundy Center

DATE OF BURIAL: April 1st 1913

UNDERTAKER: R H Hensley & Co

ADDRESS: Trenton

PLACE OF DEATH

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

County _____

Township _____ Registration District No. _____ File No. _____

or

Village _____ Primary Registration District No. _____ Registered No. _____

or

City _____ (NO. _____, _____ St.; _____ Ward)

[If death occurred hospital or institu give its NAME in of street and numbe

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

_____, *1*_____
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds.

If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

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

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191__, _____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

_____, *19*
(Month) (Day) (Y

I HEREBY CERTIFY, that I attended deceased

_____, 191__, to _____, 191

that I last saw h_____ alive on _____, 191

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

_____

_____

_____

_____ (Duration) _____ yrs. _____ mos. _____

Contributory _____
(SECONDARY)

_____ (Duration) _____ yrs. _____ mos. _____

(Signed) _____

_____, 191__ (Address) _____

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____

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

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	_____, 19
UNDERTAKER	ADDRESS

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