REG'D MAY 16 1939

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

14737
Do not use this space.

1. PLACE OF DEATH
(a) County Davies 2
(b) Township Jamesport 1
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 252
Primary Registration District No. 5357
Registered No.

2. PRINT FULL NAME Lalah Maxine Harbaugh
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 – 1938
7. AGE: YEARS | MONTHS: 5 | DAYS: 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co Mo

FATHER
13. NAME D. N. Harbaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mo

MOTHER
15. MAIDEN NAME Blanche Nickell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co Mo

17. INFORMANT D. N. Harbaugh
(ADDRESS) Jamesport Mo. R.R.2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove Cem DATE April 30 – 1939
19. FUNERAL DIRECTOR (NAME) W. D. Haines
(ADDRESS) Gilman City, Mo.
20. FILED 5-1 1939 Nell Miller
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1939
22. I HEREBY CERTIFY, That I attended deceased from November 10 1938, to April 28 1939
I last saw her alive on April 28 1939. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

convulsion — Date of onset 4.28.39

Other contributory causes of importance:
Tetany — 11.15.38

Name of operation Not any Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. J. Thompson, M. D.
(Address) Jamesport, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X14028

RECEIVED
District Health Officer No. 11
District File Number 11-39-531
Date Filed MAY 15 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed W D Haines

Licensed Embalmer No. 942

P. O. Address Gelman City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.