

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

Do not use this space.

MAY 16 1940

14619

2 PLACE OF DEATH  
 County Christian Registration District No. 184  
 Township North Lynn Primary Registration District No. 5257  
 City 245 (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Marilyn Kay Laughlin  
 (a) Residence, No. no. Lynn Township St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 0 mos. 1/3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27, 1940  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, . 9 hrs. or 9 min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, 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) Rural (no. Lynn Township) Mo.  
 MOTHER FATHER  
 13. NAME Henry A. Laughlin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forsyth Ma  
 15. MAIDEN NAME Aldean Bilyeu  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Mo  
 17. INFORMANT Henry A. Laughlin; Ozark, Mo.  
 (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE At home DATE Feb 27 40  
 19. UNDERTAKER None  
 (ADDRESS)  
 20. FILED May 1st 1940 Loretta Leonard  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1940  
 22. I HEREBY CERTIFY, That I attended deceased from birth, Feb 27, 1940, to death, Feb 27, 1940. I last saw her alive on Feb 27, 1940. Death is said to have occurred on the date stated above, at 9:45 AM. The principal cause of death and related causes of importance were as follows:  
Premature Infant  
Prematurity  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 154  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Richard E. Mitekem M.D.  
170 (Address) Box 191; Ozark, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 540-1329

Date Filed MAY 15 1940