

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

Do not use this space.

55480

1. PLACE OF DEATH

42 County Henry Co. Registration District No. 14
 8 Township Primary Registration District No. 4211
 2 City Windsor Mo. (No.) St. Ward)

File No.

Registered No. 32

2. FULL NAME Mrs. Margaret Laughlin

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Roseland Missouri (STATE OR COUNTRY)

FATHER 13. NAME Alexis Parker

14. BIRTHPLACE (CITY OR TOWN) Roseland Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Cassie Collins

16. BIRTHPLACE (CITY OR TOWN) Roseland Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. Dan McMillen (ADDRESS) Windsor Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE Nov 29, 1932

19. UNDERTAKER C. A. Roof (ADDRESS) Windsor Missouri

20. FILED 1179, 1932 J. J. Jernigan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932 to Nov 27, 1932

I last saw her alive on 11-27, 1932 Death is said to have occurred on the date stated above, at 1-15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis

Other contributory causes of importance:

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? No

If so, specify

(Signed) A. M. Wall, M. D.

(Address) Windsor Mo.

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.

