

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

*Daugherty*

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

Do not use this space.

35670

1. PLACE OF DEATH

County *Scott* Registration District No. *627*  
Township *Richland* Primary Registration District No. *6270*  
City *Sikeston* (No. ....) St. .... Ward .....

File No. *120*  
Registered No. ....  
St. .... Ward .....

2. FULL NAME

*Glinda Dumeau*  
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Child*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 28 1924*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*3 1 21*

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Child*  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Sikeston Mo*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Elroy Dumeau*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Tennessee*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Mary Bultran*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Scott Co Mo*  
(STATE OR COUNTRY)

14. INFORMANT *Elroy Dumeau*  
(Address) *Sikeston Mo*

15. FILED *11/19/27* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 18 1927*

17. I HEREBY CERTIFY That I attended deceased from *Nov 1st 1927* to *Nov 18 1927* that I last saw her alive on *Nov 18 1927* and that death occurred, on the date stated above, at *6:30* m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Diphtheria*  
*10 115B*  
(duration) .... yrs. .... mos. *18* da.  
CONTRIBUTORY (SECONDARY) *Supuration of parotid gland*  
(duration) .... yrs. .... mos. *8* da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF *Nov 18-1927*  
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *None*  
Signed: *H. T. Daugherty*, M. D.  
*11/18/27* (Address) *Sikeston, Mo*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Carpenter* DATE OF BURIAL *11/19 1927*

20. UNDERTAKER *H. Walsh* ADDRESS *Sikeston Mo*

PARENTS

