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.

APR 24 1933

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

Do not use this space.

10440

1. PLACE OF DEATH

County New Madrid — Registration District No. 55 — File No. 10

Township Anderson — Primary Registration District No. 4033 — Registered No. 1038

City Gideon (No. ..... St. ..... Ward)

2. FULL NAME Glenda May Mann

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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) July 23rd 1929

7. AGE: YEARS 3 — MONTHS 7 — DAYS 30 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Gideon Mo

FATHER

13. NAME John Mann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER

15. MAIDEN NAME Iva Porter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills Broughton

17. INFORMANT (ADDRESS) Charles Porter Gideon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Standfield Cem DATE 3-23, 1933

19. UNDERTAKER (ADDRESS) Charles Porter Gideon Mo.

20. FILED Apr 10, 1933 M. D. Mummer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23rd, 1933, to Mar 22nd, 1933

I last saw her alive on Mar 21st, 1933. Death is said to have occurred on the date stated above, at 7 a. m.

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

Cerebral Meningitis — Date of onset 2-20-33

15 YR 79A 57 A

Other contributory causes of importance:
Hydrocephalus from birth.

Name of operation none Date of .....

What test confirmed diagnosis? Clinical 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) J. B. Stemmetz, M. D.

(Address) Clarkton Mo