

No. 2
-2-43
5-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30714**

FILED OCT 13 1944

Registration District No. **67** Primary Registration District No. **4107** Registrar's No. **48**

1. PLACE OF DEATH:
(a) County **Cedar**
(b) City or town **El Dorado Springs, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Conservation Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4**
(Specify whether
In this community **4**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cedar 20**
(c) City or town **El Dorado Springs, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **116 W. Olive**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **MINERVA GLOYD**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **23**
year **1944** hour **9** minute **3** M.
21. I hereby certify that I attended the deceased from **Sept 21**
1944 to **Sept 23** **1944**
that I last saw her alive on **Sept 23** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married **2** divorced **widowed**
6. (b) Name of husband or wife **0**
6. (c) Age of husband or wife if alive **24** years
(Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** **000**
Duration

7. Birth date of deceased **12th** **24** **1861**
(Month) (Day) (Year)
8. AGE: Years **82** Months **8** Days **29**
If less than one day hr. min.

Due to
Due to
Other conditions (include pregnancy within 3 months of death) **0301**
Major findings: Of operations
Of autopsy

9. Birthplace **Ringgold Georgia**
(City, town, or county) (State or foreign country).
10. Usual occupation **Housewife**

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **James M. Thatch**
13. Birthplace **Morgan Co. Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Olga Whittle**
15. Birthplace **Sevier Co. Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ethel Hale Clark**
(b) Address **Fayetteville, Ark. R.1. Box 118**
17. (a) **Burial** (b) Date thereof **9-26-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lebeck, Mo**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature **L. J. Denaaway** (M. D. or other)
Address **El Dorado Spg Mo** Date signed **10/8/44**

18. (a) Signature of funeral director **Gwinn Siders**
(b) Address **El Dorado Springs, Mo**
19. (a) **10/2/44** (b) **L. J. Denaaway**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

