

FILED JUN 16 1941

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

Do not use this space.

1. PLACE OF DEATH

County HenryRegistration District No. 347

Township

Primary Registration District No. 3018City Clinton(No. 1)File No. 17937 1/2

Registered No.

St. Ward2. FULL NAME Mattie Elma Glavin(a) Residence, No. 901 North Second St., Ward. 0

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver P. Glavin6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 18727. AGE YEARS 69 MONTHS 2 DAYS 0 IF LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 Life12. BIRTHPLACE (CITY OR TOWN) Orcutt, Mo. (STATE OR COUNTRY) Missouri, St. Clair Co.13. NAME John Little14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown15. MAIDEN NAME Lessie Richmond16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown17. INFORMANT Ossie Culbertson (ADDRESS) Parry City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Dequater, Mo. DATE May 10, 194119. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton, Missouri20. FILED 5-26, 1941 Dr. J. R. Hancher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 194122. I HEREBY CERTIFY, That 3-9 attended deceased from 3-8, 1941, to 3-8, 1941.I last saw her alive on 5/8, 1941. Death is saidto have occurred on the date stated above, at 11:45 P.M.

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

Senile Dementia Date of onsetOther contributory causes of importance: 1620

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) E. C. Peeler M. D.(Address) Clinton, Mo.

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.

RECEIVED

District Health Officer No. 7,

District File Number 6-41-1033

Date Filed 6-13-41