

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

Do not use this space.

4900

1. PLACE OF DEATH

County Saline Co

Registration District No. 796

File No.

Township

Primary Registration District No. 3038

Registered No. 13

City Marshall Mo (No.) St. Ward

2. FULL NAME Mary A. Cornelious

(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 F 4. COLOR OR RACE Colored 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) Aug 13, 1916

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
12 4 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home work
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marshall Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Tomas Cornelious

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saline Co
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Saline Co
(STATE OR COUNTRY)

14. INFORMANT Tomas Cornelious
(Address) Marshall Mo

15. FILED 1-18, 1929 Mar. John H. McGuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1929, to Jan 11, 1929, that I last saw her alive on Jan 10, 1929, and that death occurred, on the date stated above, at 3:0 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Influenza
825
113
(duration) yrs. mos. 10 da.

CONTRIBUTORY (SECONDARY) Neuriplegia
(duration) yrs. mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED Marshall Mo
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam
(Signed) W. H. Hudson M. D.
, 19 (Address) Marshall 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 Fairview Semetary DATE OF BURIAL Jan 19, 1929

20. UNDERTAKER Re Robbins ADDRESS Marshall 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.

1929

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