

MAR 25 1936

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

Do not use this space.

8763

1. PLACE OF DEATH

County Saline Co Registration District No. 796
 Township Marshall mo Primary Registration District No. 2035
 City Marshall mo (No.) St. Ward

File No. Registered No. 292. FULL NAME Thomas 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>color</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Cornelious</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 6, 1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>4</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sanitar</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>church</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 10, 1936</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline, Mo. Missouri</u>		
FATHER	13. NAME <u>George Cornelious</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Silvia Gainer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>A. Henry Cornelious</u> (ADDRESS) <u>Marshall, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview cemetery</u> DATE <u>Feb 9, 1936</u>		
19. UNDERTAKER <u>Reuben Robbins</u> (ADDRESS) <u>Marshall mo</u>		
20. FILED <u>Feb. 8, 1936</u> <u>Walter Heston</u> <u>Deputy Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 193622. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1936, to Feb 7, 1936I last saw him alive on Feb 6, 1936 Death is saidto have occurred on the date stated above, at 7 a. m.

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

Lobar pneumonia, involving left lower and right upper lobes
 Date of onset 2/2/36

Other contributory causes of importance:

Chronic valvular heart-disease
 2

Name of operation Date of What test confirmed diagnosis? Chills Was there an autopsy? no23. 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? noIf so, specify (Signed) J. Hanning, M. D.(Address) Marshall, Mo

