MARGIN RESERVED FOR BINDING

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 8115

PLACE OF DEATH

County Boone

Township ____ or Village ____ or City Centralia (NO. ____ St.: ____ Ward)

Registration District No. 72 File No. [redacted]

Primary Registration District No. 4041 Registered No. 6

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Marion Cornelison

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR OR RACE White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

DATE OF BIRTH April (Month) 5 (Day), 1861 (Year)

AGE 51 yrs. 11 mos. 9 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]

BIRTHPLACE (City or town, State or foreign country) Richmond Ky

PARENTS

NAME OF FATHER Webster Cornelison

BIRTHPLACE OF FATHER (City or town, State or foreign country) Richmond Ky

MAIDEN NAME OF MOTHER Mary White

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Richmond Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Susie Cornelison

(ADDRESS) Centralia Mo

Filed Mar. 15, 1913. J. T. Hickerson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar. (Month) 14 (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from April 3, 1912, to Mar. 14, 1913, that I last saw him alive on Mar. 14, 1913, and that death occurred, on the date stated above, at 2:15 A.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

131 (Duration) 2 yrs. ____ mos. ____ ds.

Contributory (SECONDARY) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. T. Hickerson M. D.

Mar. 15, 1913 (Address) Centralia Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death? ____

Former or usual residence ____

PLACE OF BURIAL OR REMOVAL Centralia Cemetery

DATE OF BURIAL 3/16, 1913

UNDERTAKER [illegible] Rush

ADDRESS Centralia