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

Do not use this space.

29204

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 1106 N. 12th St. ..... Ward)

File No. .....

Registered No. 8820

2. FULL NAME Elvira Cornell

(a) Residence. No. 1106 N. 12 St., 25 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: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19-1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	9	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Christian Co. Ky
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Terry Londerman

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

12. MAIDEN NAME OF MOTHER Matilda Slaghter

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

14. INFORMANT Mattie Hall
(Address) 1106 N 12

15. FILED OCT - 3 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 - 30 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1927, to Sept 30, 1927 that I last saw her alive on Sept 27, 1927, and that death occurred, on the date stated above, at 9.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

2-3 A (duration) ..... yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY) 31

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? sputum exam

(Signed) C. Basile Poore, M.D

, 19 (Address) 1730a Franklin ave

*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: Washington Park

DATE OF BURIAL: 10-3-1927

20. UNDERTAKER: Peoples Und Co

ADDRESS: 3100 Franklin

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Ibsen