

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

Do not use this space.

35682 ✓

1. PLACE OF DEATH

County Shelby
Township Shelby
City Shelby

Registration District No. 547
Primary Registration District No. 7080

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Mattie Fay Cornick

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Monroe Co - Mo
(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 married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/29/1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 | 9 | 16 | _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Frankford
(STATE OR COUNTRY) Pike Co.

10. NAME OF FATHER James Oak Gibbs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Monroe Co. Mo

12. MAIDEN NAME OF MOTHER Laura E. Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New London
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. James Overfield
(Address) Jefferson Mo

15. FILED 11/30 1927 F. H. Haddock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/14 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 8 1927, to Nov 14 1927
that I last saw him alive on Nov 14 1927, and that death occurred, on the date stated above, at 6 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia following appendicitis
12:15 12:9 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) 117B yrs. mos. ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 8 - 27

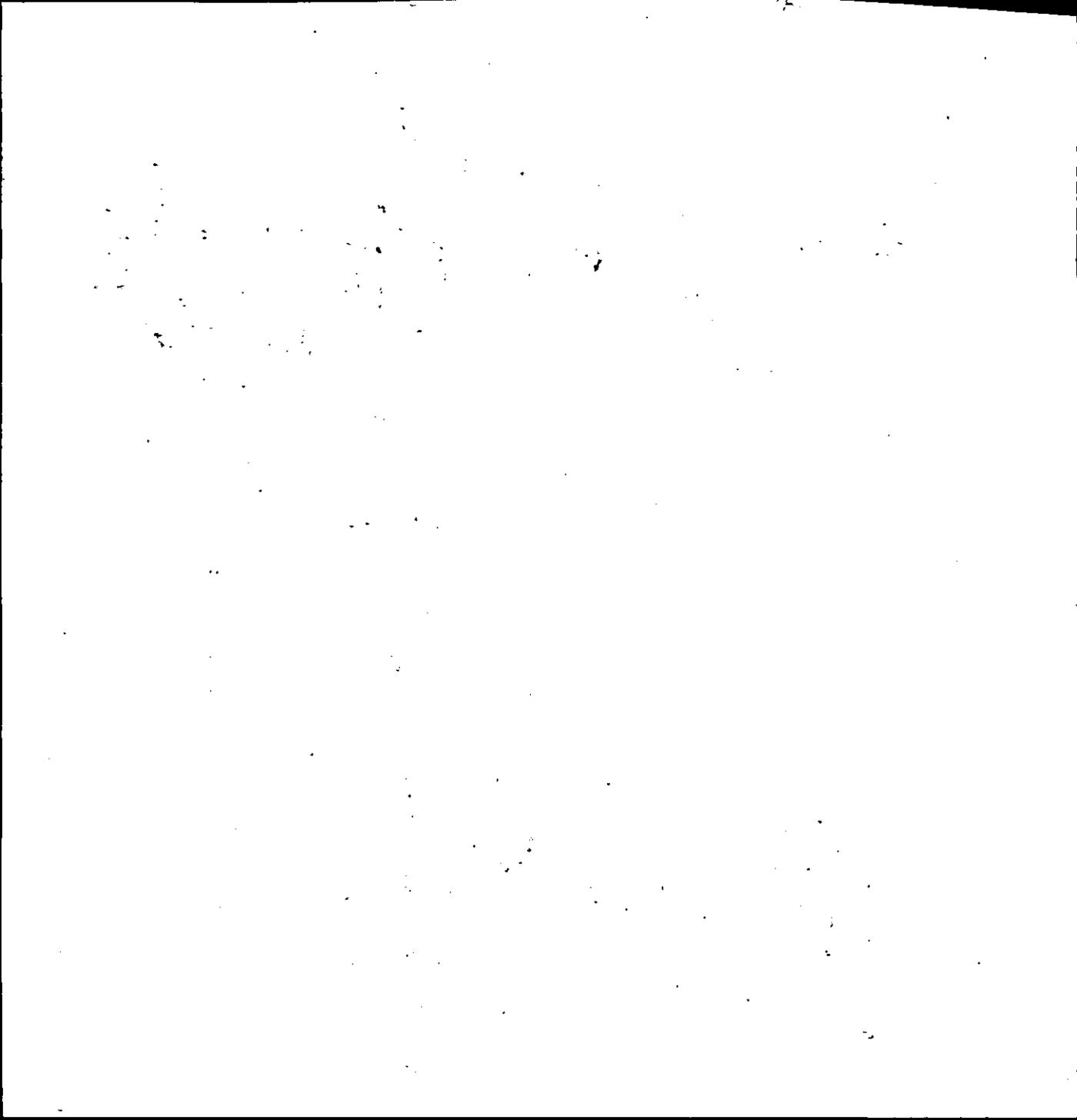
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. H. Haddock, M. D.
(Address) Shelby 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 Oak Grove Cemetery DATE OF BURIAL 11/16 1927

20. UNDERTAKER Fred W. Thompson ADDRESS Jefferson Mo



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Shelby
Township Shelburna
City Shelburna (No.)

Registration District No. 830
Primary Registration District No. 4503

File No. 57
Registered No. 57
St. Ward

2. FULL NAME

Mattie Fay Cornick

(a) Residence. No. St. Ward. Monroe Co - mo
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-28-1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 9 x 16 x

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Frankford
(STATE OR COUNTRY) Pike Co

10. NAME OF FATHER James Oler Gibbs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co - mo

12. MAIDEN NAME OF MOTHER Laura Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New London mo

14. INFORMANT Mrs James Overfeel
(Address) Madison mo

15. FILED Jan 25 Madison mo REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-14 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 8 1927 to Nov 14 1927, and that that I last saw her alive on Nov 14 1927, and that death occurred, on the date stated above at 6 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Peritonitis following appendicitis

CONTRIBUTORY (SECONDARY) 11703

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 8-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. C. Furnish, M. D.

, 19 (Address) Shelburna 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 DATE OF BURIAL

Oak Grove Cemetery 11/16 1927

20. UNDERTAKER ADDRESS Madison mo
Fred A Thompson

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-35682