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

Do not use this space. 1189

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 213
Township Kaw — Primary Registration District No. 1007 — Registered No. 1
City Kansas City (No. 3341 Wyandotte St. Ward)

2. FULL NAME Leo F Cornet
(a) Residence. No. 3341 Wyandotte St. St., 1 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. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Helen Cornet

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 1872

7. AGE: Years 55 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Henry Cornet
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known

14. INFORMANT Mrs. Helen Cornet
(Address) 3341 Wyandotte St

15. FILED Jan 17, 1928 M. M. Crow, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Jan 17, 1928 that I last saw him alive on Jan 17, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy of the Liver. (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) not known. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1 2 B
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) S. S. Dunn, M. D.
1/17, 1928 (Address) 1215 Rialto Bldg.

*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: St. Mary's Cemetery — DATE OF BURIAL 1/19/28
20. UNDERTAKER: Quirk & Tobin Co--20 West — ADDRESS: Linwood

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.