PR 28 1928

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

Do not use this space.

10477

1. PLACE OF DEATH

County St. Louis County — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 60 33 B. — Registered No. 101

City — (No. St. Vincent's Sanitarium St. Ward)

2. FULL NAME Miss Elmer Grace Cornwall

(a) Residence. No. St., Ward. Kansas City 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: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1/24/1897

7. AGE: 30 YEARS; MONTHS: 2; DAYS: 1; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Dr. Richmond Cornwall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Peru, So. America

12. MAIDEN NAME OF MOTHER: Ida Wood.

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

14. INFORMANT: Sister Raphael, Supt.,
(Address): St. Vincent's Sanitarium

15. FILED 3/27 1928 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 25 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1925, to March 25, 1928 that I last saw her alive on March 24, 1928, and that death occurred, on the date stated above, at 4 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of right Breast
50
47
84
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Dementia Praecox (2) Mediastinal Metastases (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Eugene J. O'Malley, M.D.

3/26, 1928 (Address) Metropolitan 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: Kansas City Mo. — DATE OF BURIAL: 3/28 1928

20. UNDERTAKER: Provost Und Co — ADDRESS: 3710 N. Grand Ave

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.