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

Do not use this space.

9156

1. PLACE OF DEATH
County: Scott
Township: Kelso
City: Illmo (No. ; St. 6065 B. Ward)

Registration District No.: 115
Primary Registration District No.: 1
File No.: 18
Registered No.: 1155

2. FULL NAME: Sarah Virginia Cornett

(a) Residence. No. (Usual place of abode) St., Ward. (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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10/28/1855

7. AGE: Years 73 | Months 3 | Days 5 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of 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): Florisant
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Solomon Russell
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't know
12. MAIDEN NAME OF MOTHER: Virginia Patterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Don't know

14. INFORMANT: S O Downs
(Address): Illmo Mo

15. FILED 2/6, 1929. Earl Fjin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 3 1929

17. I HEREBY CERTIFY That I attended deceased from Jan. 4, 1929, to Feb. 3, 1929, that I last saw h alive on Feb. 3, 1929, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
121

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) 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) J. J. Downs, M. D.
, 19 (Address) Illmo 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: High Hill Mo
DATE OF BURIAL: 2/5/29

20. UNDERTAKER: C W Russler
ADDRESS: Illmo Mo

1928

233
1
27
38

INFO.—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.