

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

Do not use this space.

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.

26 1929

PLACE OF DEATH  
County Lafayette Registration District No. 457  
Township Freedom Primary Registration District No. 3621B  
City near Aullville (No. ....) St. .... Ward  
Mo. ....

18617  
File No. ....  
Registered No. 16

2. FULL NAME William Arthur Corder  
(a) Residence. No. .... St. .... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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. Minnie Perdue Corder  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2-1859  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 9 19

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

9. BIRTHPLACE (CITY OR TOWN) Aullville  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Arthur Corder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia  
(STATE OR COUNTRY) U.S.A.

12. MAIDEN NAME OF MOTHER Harriette M. Sheppard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..  
(STATE OR COUNTRY) Maryland; U.S.A.

14. INFORMANT Russell Foster  
(Address) Aullville Mo

15. FILE NO. 5-22-29 REGISTRAR Derdinand Shyman

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1929  
17. I HEREBY CERTIFY That I attended deceased from May 28, 1929, to May 21, 1929, that I last saw him alive on May 21, 1929, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebrovascular  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, ..  
19. DID AN OPERATION PRECEDE DEATH? no DATE OF ..  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) M. L. Webb, M. D.  
May 12, 1929 (Address) Higginsville 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 May-22 19 29

20. UNDERTAKER Hosper and Minns-Hagen ADDRESS Higginsville Mo.

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