WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

29 2 4 JUL 24 1929 1 1 31

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

Do not use this space.

21041

1. PLACE OF DEATH
County Cooper
Township
City Boonville (No. ..... St. ..... Ward)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 69

2. FULL NAME Robert Wyan Corum.
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	9.	18	

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

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

PARENTS
10. NAME OF FATHER Robert Corum.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cooper County Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY)

14. INFORMANT Mrs Robert Corum
(Address) Boonville Mo

15. FILED Jan 9 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7th 1925

17. I HEREBY CERTIFY, That I attended deceased from — , 19..., to Jan 7th, 1929, that I last saw him alive on June 6th, 1925, and that death occurred, on the date stated above, at 2 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
94A Angina pectoris
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R L Evans, M. D.
2.10, 1925. (Address) Boonville 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 Walnut Grove Cem. DATE OF BURIAL June 9 1929

20. UNDERTAKER Goodman & Boller ADDRESS Boonville Mo