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

Do not use this space.

33284

1. PLACE OF DEATH
County Clay
Township Liberty
City (No. St. Ward)
Registration District No. 201
Primary Registration District No. 5280
File No.
Registered No. 91

2. FULL NAME Walter R. Corneman

(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: 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: Mary E. Corneman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 2-1857

7. AGE: Years 73 | Months 10 | Days 5 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg. Pa.

PARENTS
10. NAME OF FATHER: Dr. Dan Corneman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT: Mrs. Mary E. Corneman
(Address) #4 Liberty Mo

15. FILED 11/10/29 Wm H Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 7 1929

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to Oct 7, 1929, that I last saw him alive on Oct 7, 1929, and that death occurred, on the date stated above, at 9 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aneurism of Aorta
96
(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): Cont Mass
(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? Wrap Exam
(Signed) E. S. Stofer, M. D.
10/8/, 1929 (Address) 322 Shukert K.C. 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: Memorial Park K.C. Mo
DATE OF BURIAL: 10/9/1929

20. UNDERTAKER: Church - Archer Co
ADDRESS: Liberty, Mo

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.

24 Nov 25 1929

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E. S. Stofer