

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

Do not use this space.

PLACE OF DEATH
County Cooper
Township Blackwater
City near Nelson (Name of City)

Registration District No. 217
Primary Registration District No. 5297

File No. 33325
Registered No. _____
Ward _____

2. FULL NAME Horace Corinna Nellie Lee Corrie
(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 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) _____
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
6 | 7 | 25 | _____

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Near Postal
(STATE OR COUNTRY) Cooper County, Mo

PARENTS

10. NAME OF FATHER Leonard Corrie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Near Postal
(STATE OR COUNTRY) Cooper Co. Mo.
12. MAIDEN NAME OF MOTHER Undecorated
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Union
(STATE OR COUNTRY) Cooper Co. Mo.

14. INFORMANT Leonard Corrie
(Address) _____

15. FILED _____ 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 19 29
17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1929, to Oct 29, 1929, that I last saw h. or alive on Oct 29, 1929, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria 10

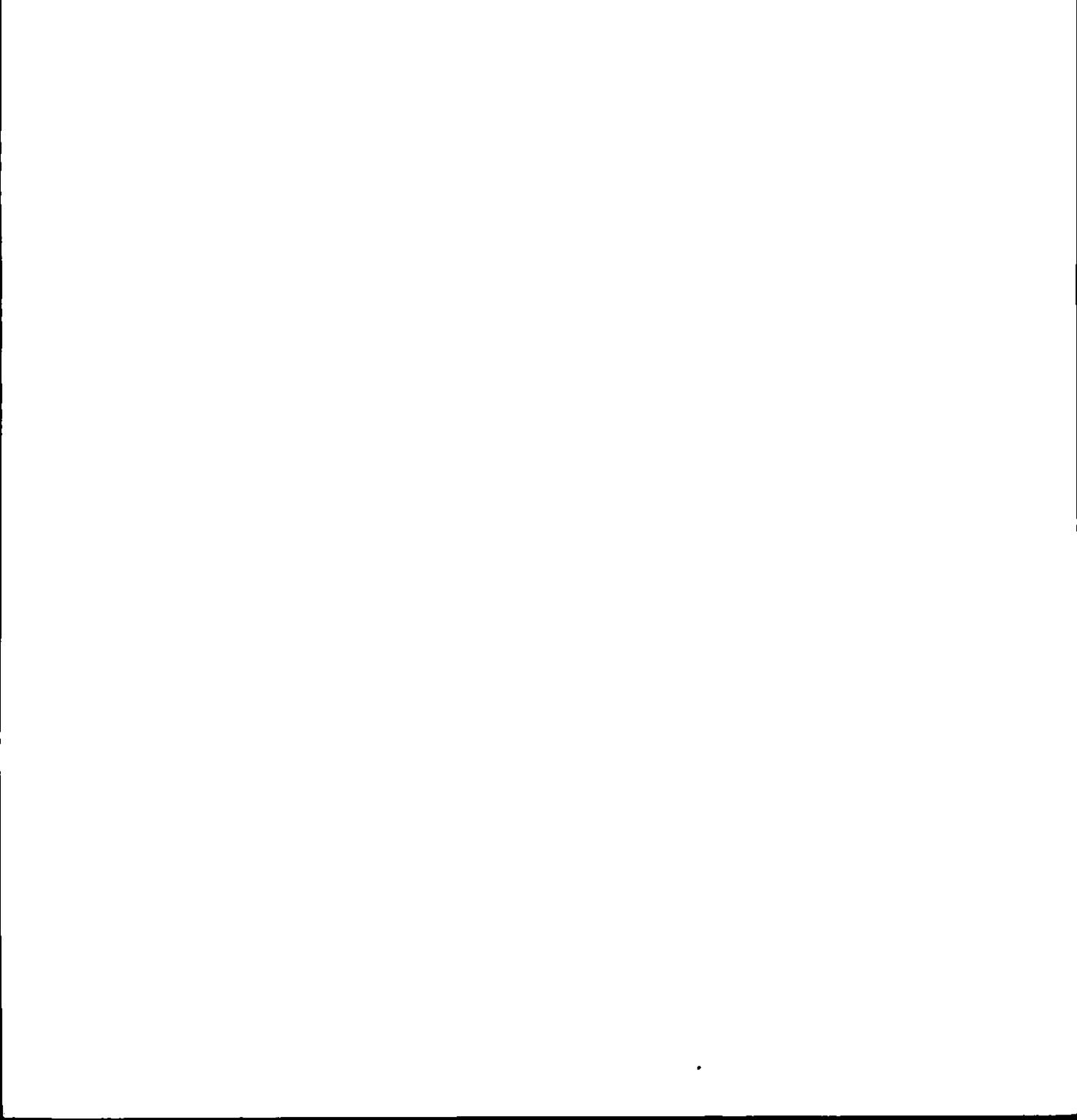
(duration) yrs. mos. da. 5 da.
CONTRIBUTORY Diphtheria bacillus
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Near Longwood, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) _____, M. D.
, 19 _____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOSPITAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Berea Cemetery DATE OF BURIAL Oct 30, 1929
20. UNDERTAKER L. M. Nelson ADDRESS Nelson Mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper
Township Blackwater
City..... (No..... St..... Ward)

Registration District No. 217
Primary Registration District No. 5297

File No.....
Registered No.....

2. FULL NAME

Nellie Lee Cornice

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4 - 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 7 25

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).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Near Postal
(STATE OR COUNTRY) Cooper Co

10. NAME OF FATHER Leonard Cornice

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Near Postal
(STATE OR COUNTRY) Cooper Co mo

12. MAIDEN NAME OF MOTHER Verdine Dinsley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Postal
(STATE OR COUNTRY) Cooper Co mo

14. INFORMANT Leonard Cornice
(Address).....

15. FILED 12-10-29 W. H. H. H. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1929

17. I HEREBY CERTIFY that I attended deceased from Oct 26 to Oct 29, 1929 that I last saw her alive on Oct 27, 1929, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria

CONTRIBUTORY (SECONDARY) Diphtheria bacillus

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Near Longwood mo

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) R. A. Barrett, M. D.

(Address) Blackwater 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 Berea Cemetery DATE OF BURIAL Oct 30 1929

20. UNDERTAKER L. M. Nelson ADDRESS Nelson mo

SUPPLEMENTARY

S-933325