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

Do not use this space. 1

21-34 P.M.

File No. .....

Registered No. 107

1. PLACE OF DEATH

County: Jefferson — Registration District No.: 420

Township: Valle — Primary Registration District No.: 5574

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Willie Franklin Cornelius

(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: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 23 1924

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3	23	

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) Jefferson Co. (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Charley Cornelius

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson Co. (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER: Rosa Terry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson Co. (STATE OR COUNTRY) Mo.

14. INFORMANT: L. T. Brown (Address) Valle Springs

15. FILED 10/21, 1929 D. H. Pangly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1929, to Oct 16, 1929 that I last saw h. alive on Oct 16, 1929, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum

1198

(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY): 1300

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Walter C. Gibson, M. D.

Oct 16, 1929 (Address) De Soto 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: Mt. Bethel Cem. — DATE OF BURIAL: Oct 17 1929

20. UNDERTAKER: O. Barnhart — ADDRESS: De Soto Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.