

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

Do not use this space.

43179

1. PLACE OF DEATH
 County Stoddard Registration District No. 839
 Township Richland Primary Registration District No. 6101
 City..... (No.) St. Ward.....

2. FULL NAME Joseph E. Corlew
 (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 w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1962-8-19

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 | 3 | 28

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Tex.
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm. Corlew

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louisa Dutton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Unknown
 (STATE OR COUNTRY)

14. INFORMANT Russell Corlew
 (Address) Bloom field. Mo R3.

15. FILED 12/17/24 J.P. Brandon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17 19 24

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... 3 a.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
9/9 (duration)..... yrs. mos. da.

CONTRIBUTORY (SECONDARY) 9/10 (duration)..... yrs. mos. da.

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

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

WAS THERE AN AUTOPSY?..... no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) J.P. Brandon, M. D.
 (Address) Essex, 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 Duplet Cem DATE OF BURIAL 12-18 24

20. UNDERTAKER C. O. Briggs ADDRESS Wexler, Mo.

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.

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