JUN 28 1930

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

Do not use this space.

18315

File No. 43

Registered No. .....

1. PLACE OF DEATH

County Scott. Registration District No. 87

Township Richland Primary Registration District No. 6070

City Sikeston Mo (No. ....., ... St. ..... Ward)

2. FULL NAME Abner Franklin 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. 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 Susanna A. Corlew

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28 1859

7. AGE: Years 71 Months 10 Days 15 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Shoemaker
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER William 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) .....
(STATE OR COUNTRY) Ill.

14. INFORMANT Susanna A. Corlew
(Address) Sikeston, Mo.

15. FILED 6/7/30 Walter E. Dennis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12-30 19

17. I HEREBY CERTIFY, That I attended deceased from May 9th, 1930, to May 12, 1930 that I last saw b. alive on May 9th, 1930, and that death occurred, on the date stated above, at 5:2a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular insufficiency of heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) None

(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? Clinical

(Signed) A. A. Mayfield, M. D.

May 13, 1930 (Address) Sikeston 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: Triplett cemetery — DATE OF BURIAL: 5-14 1930

20. UNDERTAKER Essex Mo. — ADDRESS Sikeston, 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.