

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

Do not use this space.

AUG 20 1930

22072

1. PLACE OF DEATH

County Butler
Township _____
City Poplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. _____
Registered No. 133
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 111 Davidson St. _____ Ward _____
(Usual place of abode)

Florence B. Cornell

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 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 Lawrence Cornell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4, 1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 6 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ellington
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER U. G. Barnes

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

12. MAIDEN NAME OF MOTHER Nancy Wilh

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

14. INFORMANT Lawrence Cornell
(Address) Poplar Bluff Mo.

15. FILED 7/22 1930 Dr B J Clue
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-18 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-10 1930, to 7-18 1930, that I last saw him alive on 7-18 1930, and that death occurred, on the date stated above, at 1015A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis
121B
129

CONTRIBUTORY (SECONDARY) Peritonitis
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-15-30

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. M. Kuschman, M. D.

*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.
7-22 1930 (Address) Poplar Bluff Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn DATE OF BURIAL 7.20 1930

20. UNDERTAKER Frank W. Co. Poplar Bluff ADDRESS _____

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.

RECORD WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

