

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.

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

Do not use this space.

40226
210

PLACE OF DEATH
County Newton
Township
City Neosho (No. _____)

Registration District No. 604
Primary Registration District No. 4363

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME James S Cornish
(a) Residence. No. 411 E Hickory St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 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 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 DAISY CORNISH

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 11 27

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

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

10. NAME OF FATHER R. S. CORNISH

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

12. MAIDEN NAME OF MOTHER Anne BRAY

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

14. INFORMANT Daisy Cornish (Address) Neosho Mo

15. FILED 12/23/30 L. E. Mearns REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 4 1929, 19____ to Dec 12 1930, 19____ that I last saw h. _____ alive on Dec 12 1930, and that death occurred, on the date stated above, at 10:10 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Sarcematosis, Primary involvement quic. Right side - 53E 47A (duration) yrs. mos. ds.

CONTRIBUTORY lung involvement (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 49 IF NOT AT PLACE OF DEATH.

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF May 1930

WAS THERE AN AUTO-SY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscope (Signed) R. A. Younison, M. D.

12/23 1930 (Address) Neosho 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 2007 Cemetery DATE OF BURIAL 12/15 1930

20. UNDERTAKER Pishanic ADDRESS Neosho

