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.

4407

FEB 22 1931

1. PLACE OF DEATH
County: Webster
Township: E. Dallas
City: (No. ... St. ... Ward)
Registration District No.: 898
Primary Registration District No.: 6204
File No.:
Registered No.: 2

2. FULL NAME: Donald Lee Cornelison
(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ... yrs. ... mos. 27 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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 1 – 1931

7. AGE: YEARS | MONTHS | DAYS: 27 | If LESS than 1 day, ... hrs. or ... min.

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) (STATE OR COUNTRY): Webster Co

PARENTS
10. NAME OF FATHER: Glen Cornelison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Diggins Mo
12. MAIDEN NAME OF MOTHER: Eulia Luce
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Diggins Mo

14. INFORMANT: Glen Cornelison
(Address): Diggins Mo

15. FILED 1-27, 1931 John W. Good REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 27 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-26, 1931, to 1-26, 1931 that I last saw h. m. alive on 1-26, 1931, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
11A (Lobular)
1000
(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ... yrs. ... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. H. Williams, M. D
1-27, 1931 (Address) Fordland, 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: Gentry Cem.
DATE OF BURIAL: 1-28 1931

20. UNDERTAKER: none
ADDRESS: