

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

Do not use this space.
19901

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** No. **3937 N Belle**

File No.....
Registered No. **5926**
St..... Ward.....

2. FULL NAME

(a) Residence. No. **3937 N Belle** St., **11** 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 Female	4. COLOR OR RACE Caucasian	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 1862		
7. AGE	YEARS	MONTHS
68	11	9
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. Housework		
(b) General nature of industry, business, or establishment in which employed (or employer) 235		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) **Tenn**

PARENTS	10. NAME OF FATHER Harry Cornell
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Tenn
	12. MAIDEN NAME OF MOTHER Nancy Norman
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Tenn

14. INFORMANT **James Pritchett**
(Address) **3937 N Belle**

15. FILED **MAY 25 1931**
REGISTERAR **E. Harker**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5-24-1931**
17. I HEREBY CERTIFY, That I attended deceased from **May 24**, 19**31**, to **May 24**, 19**31**, that I last saw her alive on **May 24**, 19**31**, and that death occurred, on the date stated above, at **12 P.** m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
10/15
97
(duration) **5** yrs. **5** mos. **5** ds.
CONTRIBUTORY (SECONDARY) **Cerebral Sinusitis**
(duration) **1** yrs. **0** mos. **0** ds.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED BY.....
(Signed) **M.P. Curtis**..... M. D.
5-18, 1931 (Address) **219 N. Jefferson**

*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 Little Rock Ark.	DATE OF BURIAL 3-25-1931
20. UNDERTAKER W.S. Dadd	ADDRESS 4202

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.

