

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

Do not use this space.

21454

1. PLACE OF DEATH

County Jackson
Township Yew
City J.C. Mo.

Registration District No. 300
Primary Registration District No. 1002

File No. _____
Registered No. 2580 Ward _____

2. FULL NAME

Lillie Emma Cornelison

(a) Residence. No. 1604 Hardesty St., 12 Ward.
(Usual place of abode)

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 Fe. 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 Oscar Duell Cornelison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 19 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 9 22

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) Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Frances M Rhodes

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

12. MAIDEN NAME OF MOTHER Emma J Peterson

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

14. INFORMANT Oscar D Cornelison
(Address) 1604 Hardesty

15. FILED 6/21/31 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1931

17. HEREBY CERTIFY, That I attended deceased from June 11 1931, to June 11 1931, that I last saw h. e. alive on June 11 1931, and that death occurred, on the date stated above, at 4/1 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocardia
Empyema of
Bladder (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 9 31

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Ed Cantrell, M. D.

(Address) 810 Arg Street

*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 Elmwood Cem DATE OF BURIAL June 13 1931

20. UNDERTAKER Ross & Henderson ADDRESS 154 Jackson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr
Cantwell,

820
72.8 - Grand.

No 0147

Conrad
St. Joseph