

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

Do not use this space.

24744

File No. \_\_\_\_\_  
Registered No. **508**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
City Camden Primary Registration District No. 2001  
Springfield Mo (No. 2513 N Boulevard N)

**2. FULL NAME**

(a) Residence 2513 N Boulevard St. 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 - 1885  
7. AGE YEARS 45 MONTHS 8 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) India

MOTHER FATHER 13. NAME George W. Cornt.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Hellin W. Cornt.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) India

17. INFORMANT J. W. Rhodes  
(ADDRESS) 2513 N Boulevard

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE 7-3 1931

19. UNDERTAKER (ADDRESS) W. D. W. [unclear]

20. FILED 7-3 1931 For Sharp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1931

22. I HEREBY CERTIFY that I attended deceased from April 16 1931 to July 1 1931

I last saw her alive on June 26 1931 Death is said to have occurred on the date stated above, at 1 am.

The principal cause of death and related causes of importance were as follows:

6 gynecoma of Liver  
46E  
H6E  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Exploration Date of 4/16/31

What test confirmed diagnosis? Operative Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) J. St. [unclear] M. D.  
(Address) Springfield Mo

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.

AUG 26 1931

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