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.

32633

File No. .....

Registered No. 9452

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1003

City ST. LOUIS, MO. (No. CITY HOSP #2 ..... St. ..... Ward)

2. FULL NAME DORSEY CORNWELL

(a) Residence, No. 2328 CARR St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. —mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	NEGRO	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ UNKNOWN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1904

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27	2	1	

OCCUPATION

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. LABORER

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation UNKNOWN

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

FATHER

13. NAME ROBERT CORNWELL

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

MOTHER

15. MAIDEN NAME THERESA FISHER

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

17. INFORMANT A. G. CREATH
(ADDRESS) CITY HOSP. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Sept 9 1931

19. UNDERTAKER Pope & Gaughan
(ADDRESS) 2932 LUCAS

20. FILED OCT 8 1931, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-1931

22. I HEREBY CERTIFY, That I attended deceased from 6-4-, 1931, to 9-5-, 1931.
I last saw HIM alive on 9-5-, 1931. Death is said to have occurred on the date stated above, at 1:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMONARY TUBERCULOSIS	2 YRS
23H	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-RAY - LAB Was there an autopsy? NO.

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) C. W. Smith, M. D.
(Address) CITY HOSP. #2