

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.

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

Do not use this space.

8496

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C.MO. (No. 1013 Campbell St)

Registration District No. 399
Primary Registration District No. 2

File No. 1077
Registered No. 1077 St. _____ Ward)

2. FULL NAME Arthur B. Cornell

(a) Residence, No. 1013 Campbell St., 2 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12th 1908

7. AGE YEARS 24 MONTHS 0 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140

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) Kansas City Mo.

MOTHER FATHER 13. NAME Howard Cornell

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

15. MAIDEN NAME Mary E. Graves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

17. INFORMANT (ADDRESS) Mrs Mary E. Cornell 1013 Campbell St

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE 3-15-32

19. UNDERTAKER (ADDRESS) H. B. Moore 1820 East 18th St

20. FILED 3/15 1932 M. M. Corwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-32 1932

I HEREBY CERTIFY, That I attended deceased from March 1st, 1932 to March 12th, 1932
I last saw him alive on March 9th, 1932. Death is said to have occurred on the date stated above, at 10.45 P.M.
The principal cause of death and related causes of importance were as follows:

Measles
7
107A
Other contributory causes of importance: Bronchial Pneumonia
Date of onset 3/5/32

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) E. J. Juggenheuer M. D.
(Address) 1516 Frost

16 Frost Lane