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.

MAY 21 1932

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

Do not use this space.

15400

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. 1519 south 11 street St. Ward)

File No.

Registered No. 526

2. FULL NAME Thomas Corbett

(a) Residence, No. 1519 south 11 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 11, 1872

7. AGE: YEARS 59 — MONTHS 9 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Frt. handler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.R.I. & P.R.R.

10. Date deceased last worked at this occupation (month and year) Sept. 1931.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Honeywell Missouri

FATHER

13. NAME Dennis Corbett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER

15. MAIDEN NAME Mary Beckum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Miss Ellen Corbett 1519 so. 11 street St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery

PLACE St Joseph Mo. DATE JUNE 1 1932

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union st St Joseph Missouri

20. FILED MAY 31 1932 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1931, to May 24, 1932

I last saw him alive on May 24, 1932. Death is said to have occurred on the date stated above, at 6:45P m.

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

	Date of onset
Mitral Stenosis	✓
92A	
97	

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clin. 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) Frank H. Hanlegan, M. D.

(Address) Kirkpatrick Bldg