

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

Do not use this space.

29676

File No. 364  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

OCT 26 1932

1. PLACE OF DEATH  
County Lawrence Registration District No. 467  
Township \_\_\_\_\_ Primary Registration District No. 4280  
City Aurora (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rosemary Cornhaff  
(a) Residence, No. Verona 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Sept 1, 1932. I last saw him alive on Sept 1, 1932. Death is said to have occurred on the date stated above, at 4 P. m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1925  
7. AGE YEARS 6 MONTHS 9 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Accidental Burning in Building at 4 P.M. Sept 1 - 32 by oil lamp explosion while starting fire in kitchen  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 181

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child  
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) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verona Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

FATHER 13. NAME Guy E. Cornhaff  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bate Mo.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accidental Date of injury Sept 1, 1932  
Where did injury occur? Verona Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME Christina Christie  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verona Mo.

17. INFORMANT (ADDRESS) Guy Cornhaff Verona Mo.

Manner of injury Oil lamp explosion  
Nature of injury Fatal Burns

18. BURIAL, CREMATION, OR REMOVAL PLACE Verona Mo. DATE Sept 3, 1932

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Phillips and Bennett 1111 W. 11th St. Verona Mo.

(Signed) Richard M. D. Registrar  
(Address) Verona Mo.

20. FILED \_\_\_\_\_, 19 SEP 20

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.

7.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Lawrence Registration District No. 467 File No. ....  
Township ..... Primary Registration District No. 2280 Registered No. 364  
City Aurora (No. ....) St. .... Ward) (Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

5. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19.....

*RW Smart*  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 - 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Accidental burning in building the house did not burn Date of onset

Other contributory causes of importance: 187

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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 Home  
Nature of injury oil explosion fatal burning

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

If so, specify ..... (Signed) ..... M. D.  
(Address) .....

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

91-10-1076