

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

Do not use this space.

36157

**561. PLACE OF DEATH**

County Wasson Registration District No. 421 File No. \_\_\_\_\_  
 Township Union Primary Registration District No. 5573 Registered No. 77  
 City Warrensburg St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Henry Corda Sr.  
 (a) Residence, No. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miss A. Corda</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 23/1856</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>8</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation.
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)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <sup>10</sup>		
13. NAME <u>Henry Corda</u> <sup>9</sup>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Unknown</u> <sup>121</sup>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Henry Corda Jr</u> (ADDRESS) <u>Home No</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lucas Annex</u> DATE <u>11/16</u> 19 <u>32</u>		
19. UNDERTAKER <u>Fink, Under Co</u> (ADDRESS) <u>Warrensburg, Mo.</u>		
20. FILED <u>11/16</u> 19 <u>32</u> <u>E. Ruller</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1<sup>st</sup> 1932 to Dec 10<sup>th</sup> 1932  
 I last saw him alive on Dec 9<sup>th</sup> 1932 Death is said to have occurred on the date stated above, at 1 P m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Prostate  
Hy Bowel  
46C  
46D  
162 yrs  
 Date of onset

Other contributory causes of importance:

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

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. O. E. Hensley M. D.  
 (Address) Warrensburg Mo

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.

