

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

Do not use this space.

41417

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 985  
Township Carondelet Primary Registration District No. 6248  
City Cornelia (No. 115, Cornelia St. Glendale, Mo. Ward)

**2. FULL NAME**

(a) Residence, No. 115 Cornelia St., Glendale, Mo. Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 15 yrs. 0 mos. 0 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1848  
7. AGE YEARS 84 MONTHS 11 DAYS 15 If LESS than 1 day, 0 hrs. 0 min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. none  
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) Flemingsburg (STATE OR COUNTRY) Kentucky

13. NAME George Hammer

14. BIRTHPLACE (CITY OR TOWN) Mason County (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Penelope Young

16. BIRTHPLACE (CITY OR TOWN) Mason County (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Bessie H. & Betty (ADDRESS) 115 Cornelia St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Flemingsburg Ky. DATE Dec 21, 1932

19. UNDERTAKER Aug Meyer & Sons (ADDRESS) 3734 N. 10 St.

20. FILED 12/19, 1932 P. E. Barritt Registrar

**6 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 115 Cornelia St., Glendale, Mo., 1932, to 115 Cornelia St., Glendale, Mo., 1932.

I last saw h alive on 115 Cornelia St., Glendale, Mo., 1932. Death is said

to have occurred on the date stated above, at 7:30 A.M.

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

An old lady in the extreme age of possibility with extensive rheumatism and chronic arthritis deformans of all large joints which rendered

Other contributory causes of importance:

her a complete invalid for years. Ch. myocarditis, atherosclerosis with sudden occlusion of coronary arteries, rich and numerous

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury Dec 18, 1932

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 5

Nature of injury 5

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

If so, specify no

(Signed) Lulu Stumm M. D.

(Address) 3718 Juniper Rd.,

Cornelia, 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

96  
27 1932

