

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

Do not use this space.

1079

1. PLACE OF DEATH

County Greene
Township Taylor
City Stratford (No. 1)

Registration District No. 944
Primary Registration District No. 2438

File No. 65
Registered No. 65
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Stratford mo. St. R#1 Ward.

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10-1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>58</u>	<u>8</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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

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) Mo.

13. NAME Martin Cornelison

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

15. MAIDEN NAME Mary A. Vaughn

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

17. INFORMANT (ADDRESS) W. M. Delp no. Stratford mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Jan 22 1933

19. UNDERTAKER (ADDRESS) W. Klingner no. Springfield mo.

20. FILED 231 1933 M. B. Eric Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18th 1933

22. I HEREBY CERTIFY that I attended deceased from 1228, 1932, to 1-17th, 1933

I last saw him alive on 1-17th, 1933. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Arterial Hypertension Date of onset 11-18-1932
82A
J. W.

Other contributory causes of importance: had her first Paralytic Sept 4th stroke 1932

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 _____

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) J. H. Sabean M. D.
207 W. B. Springfield 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.

