

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

Do not use this space.

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1. PLACE OF DEATH

County Wentworth

Registration District No. 1001

File No. 2611

Township St Joseph

Primary Registration District No. 1001

Registered No. 2611

City St Joseph (No. St Joseph # 2)

St. Ward

2. FULL NAME B.M. Corklin

(a) Residence, No. 2311 Main St. Bethany Mo.

Ward. 2211 Main St. Bethany Mo.  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year 1866

7. AGE YEARS 67 MONTHS Unknown DAYS Unknown If LESS than 1 day, ..... hrs. or ..... min.

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

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) York York

13. NAME York

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

15. MAIDEN NAME York

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

17. INFORMANT (ADDRESS) State Hospital Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Mo DATE Mar 3 1933

19. UNDERTAKER (ADDRESS) Leath & Clark 5020 King Beach

20. FILED B-3 1933 Robert R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3<sup>rd</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27<sup>th</sup> 1933, to March 3<sup>rd</sup> 1933

I last saw him alive on March 3<sup>rd</sup> 1933 Death is said

to have occurred on the date stated above, at S.P. m. The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia Date of onset 4 days

115A 107A Blue

Other contributory causes of importance:

Vincent's Mouth 4 days Blue

Name of operation..... Date of.....

(What test confirmed diagnosis?..... 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) J. R. Bunch , M. D.

(Address) State Hosp # 2

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 27 1933

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