

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

Do not use this space.

**1. PLACE OF DEATH**

County Phillips  
Township St. James  
City (No. ....) St. James

Registration District No. 678  
Primary Registration District No. 5904

File No. 17440  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(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 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Severnia Cornick (1880)</u> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Jan 23 - 1880</u>                                |                                  |   |
| 7. AGE   | YEARS<br><u>53</u>               | MONTHS<br><u>4</u>  |
|  | DAYS<br><u>18</u>                | IF LESS than 1 day, .... hrs. or .... min.                                  |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u>                 |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Farmer</u>                          |
|            | 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)  
St Louis Mo

13. NAME  
Walter Cornick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
White Sale England

15. MAIDEN NAME  
Elizabeth Rodman

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

17. INFORMANT (ADDRESS)  
Severnia Cornick St James MO

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Macaroni Cemetery DATE May 12 - 1933

19. UNDERTAKER (ADDRESS)  
Jonas and Dew Eych St James MO

20. FILED 5-13 - 1933 Harry J. Walters Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1933 to May 10, 1933  
I last saw him alive on May 9, 1933 Death is said to have occurred on the date stated above, at 12:45 A.M.

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

Tuberculosis Secondary Date of onset

Other contributory causes of importance:  
Diagnosis - TB, Jaundice, Influenza

Name of operation ..... Date of ...  
What test confirmed diagnosis? X Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X, 19...  
Where did injury occur? X (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X  
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify Farmer  
(Signed) E. A. Scott, M. D.  
(Address) St James 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.

JUN 23 1933

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