

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

Do not use this space.

31960

1. PLACE OF DEATH

County Sullivan Registration District No. 849
Township North Primary Registration District No. 6125-
City _____ (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 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>Paulia Corum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 3 1856</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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>Irid</u>		
MOTHER / FATHER	13. NAME <u>William Corum</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
	15. MAIDEN NAME <u>Charlotte Mansfield</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT <u>Wife now Boston</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>North County</u> DATE <u>Sept. 27 1938</u>		
19. UNDERTAKER <u>Went 21 Thompson</u>		
20. FILED <u>Oct. 2 1938</u> <u>Miss Katalone</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1938

22. I HEREBY CERTIFY, that I attended deceased from Sept 11, 1938, to Sept 26, 1938
I last saw him alive on Sept 26, 1938. Death is said to have occurred on the date stated above, at 4-9 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy of brain
Date of onset Sept 11

Other contributory causes of importance _____

Name of operation _____ X 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? _____ X 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) G. P. Baker, M. D.
(Address) Trinidad Mo

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

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.

JUL 20 1938

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