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.

JAN 26 1934

45

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

Do not use this space.

39884

1. PLACE OF DEATH
County Howard.
Township Moniteau.
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 378
Primary Registration District No. 5531

File No. .....
Registered No. 85

2. FULL NAME Mahala Addeline Cornelsion.

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) II/9/1866

7. AGE: YEARS 77 | MONTHS I | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Missouri

FATHER
13. NAME William Stone.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sally Jones.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) A.B. Cornelison Harrisburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boone Co. DATE 12/26 33 19

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED 12/28 1933 J. L. Bonham Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25/33, 19

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to 12-24-33, 19
I last saw her alive on Dec 24, 1933 Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Mitral regurgitation — Date of onset 1929
92A
120B

Other contributory causes of importance: Chronic Diarrhea

Name of operation none Date of .....
What test confirmed diagnosis? clinical 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? .....
If so, specify no
(Signed) [signature], M. D.
(Address) Harrisburg Mo