

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.

AN 26 1934

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

Do not use this space.

42237

1. PLACE OF DEATH
 99 County Saline Registration District No. 796
 50 Township _____ Primary Registration District No. 3038
 7 City Marshall (No. Pittsburgs Hosp) St. _____ Ward _____
 12. FULL NAME Guy Edmund Corneus
 (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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u> <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4-1880</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>9</u>	DAYS <u>9</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labors</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u> 11. Total time (years) spent in this occupation <u>✓</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Merby, Kans</u>		
13. NAME <u>Edgar Corneus</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Olivia M. Blumie</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pittsburgh Ohio</u>		
17. INFORMANT <u>T. J. Corneus</u> (ADDRESS) <u>Marshall Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park</u> DATE <u>Dec 15 1933</u>		
19. UNDERTAKER <u>T. J. Corneus</u> (ADDRESS) <u>Marshall Mo.</u>		
20. FILED <u>12/15/1933</u> <u>Blaine J. Cox</u> <u>Deputy Registrar.</u>		

OCCUPATION
MOTHER
FATHER

MEDICAL CERTIFICATE OF DEATH

2
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1933
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1933 to Dec 14 1933
 I last saw him alive on Dec 14 1933 Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction from Strangulated Hernia
122A
122B
 Other contributory causes of importance: 122a
 Date of onset 7 AM 27
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? m
 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? Y
 If so, specify _____
 (Signed) Robert H. Sawyer M. D.
 (Address) Marshall Mo.

