

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

Do not use this space.

857

**1. PLACE OF DEATH**

39 County Greene Registration District No. 318  
Township North Campbell Primary Registration District No. 2007  
City ..... (No. Route 4 5459) St. .... Ward)

File No. ....  
Registered No. 18  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Cornelia Taylor St. Route 4 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE YEARS <u>73</u>	MONTHS	DAYS	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. <u>Retired</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) <u>unknown</u>				
MOTHER FATHER	13. NAME <u>Willis Hicks</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	15. MAIDEN NAME <u>Hooper</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>Wm M. Donald</u> (ADDRESS) <u>Greene Co. Farm</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greene County Farm</u> DATE <u>Jan 9</u> 19 <u>34</u>				
19. UNDERTAKER <u>Wm M. Donald</u> (ADDRESS) <u>Greene County Farm</u>				
20. FILED <u>2-9-34</u> <u>Ralph</u> Registrar				

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 1 1933, to Dec 12 1933  
I last saw her alive on Dec 3 1933 Death is said to have occurred on the date stated above, at ..... m.

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

Strangulated hernia - three old operative scars. (was reduced)

Other contributory causes of importance:

Senility 1220  
167

Name of operation None Date of .....

What test confirmed diagnosis? physical 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 .....

(Signed) Thos William Jr. M. D.  
(Address) Springfield, 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.

RECORDED FEB 27 1934

