

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Barry Registration District No. 34 File No. 3844
 Township Clyde Primary Registration District No. 6239 Registered No. 1
 City (No. _____) St. _____ Ward _____

2. FULL NAME Madison A. Corona

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Corona
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-18-1859
 7. AGE YEARS 74 MONTHS 8 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5 1934
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:00 AM
 The principal cause of death and related causes of importance were as follows:

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 13. NAME William B. Corona
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know
 15. MAIDEN NAME don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know
 17. INFORMANT (ADDRESS) Sily J. Lakes, Clinton, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE 2/7 1934
 19. UNDERTAKER (ADDRESS) W.D. Noon, Cassville, Mo
 20. FILED Feb. 7 - 1934 Mrs. T. P. Searcy Registrar

Hemiplegia
Essential Hypertension
 Other contributory causes of importance: 820 1000 1000
 Name of operation _____ 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? _____ 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) W.D. Noon (Address) Cassville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ATTEST: JURY OF QUALIFICATION before me personally

