

MAR 24 1934

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

Do not use this space.

7394

## 1. PLACE OF DEATH

County SalineRegistration District No. 796Township MarshallPrimary Registration District No. 3038City Marshall (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 16

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Cortwood(a) Residence, No. 620 E. Crow 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances A. Cortwood6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 18447. AGE YEARS MONTHS DMS If LESS than 1 day, hrs. or min.  
89 6 188. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. 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) Patterson Co13. NAME Thomas Cortwood14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Medison Co15. MAIDEN NAME Lavinia Cortwood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 74417. INFORMANT Miss Elizabeth Cortwood  
(ADDRESS) Marshall Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Edge Park DATED Feb 4 193419. UNDERTAKER T. W. Campbell  
(ADDRESS) Marshall Mo.20. FILED 2/2/34 Saline Mo.  
Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 193422. I HEREBY CERTIFY, That I attended deceased from Jan 31 at 1934 to Feb 2 1934I last saw him alive on Feb 2 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Pneumonia (Lobar) Date of onset 1-31-34108Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical (Was there an autopsy?) No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury X 1934Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X XNature of injury X X24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) A. C. Putnam, M. D.(Address) Marshall 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

