

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

Do not use this space.

8305

1. PLACE OF DEATH

County Cole County Registration District No. 213
 Township _____ Primary Registration District No. 2014
 City Jefferson City (No. _____) St. _____ Ward _____

File No. 85
 Registered No. _____

2. FULL NAME Conroy Thadde Cornett

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26, 1921

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	12	4	16	

8. Trade, profession, or occupation kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy
 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) March 3 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden County

13. NAME Thadde Cornett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden County

15. MAIDEN NAME May McInnis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County

17. INFORMANT May Cornett
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Morgan County MO DATE March 12, 1934

19. UNDERTAKER (ADDRESS) Bohrtz, Young

20. FILED 3-12-1934 Dr. Keeford M. E.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1934

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1924, to 10/11, 1934
 I last saw him alive on 11, 1934 Death is said to have occurred on the date stated above, at 250 m.

The principal cause of death and related causes of importance were as follows:
Appendicitis with suppuration
Peritonitis acute
Intestinal anastomosis
 Other contributory causes of importance:
1213
129

Name of operation 10/5/34 Appendectomy Date of _____
 What test confirmed diagnosis? _____ 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) Dr. Keeford M. E. M. D.
 (Address) Jefferson City 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.

THIS IS A PERMANENT RECORD

