

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

Do not use this space.

NOV 21 1934

37216

1. PLACE OF DEATH  
 County St. Louis Registration District No. 789  
 Township Meramec Primary Registration District No. 6032  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Cornie Ozark  
 (a) Residence, No. Wacker St. Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alfred Ozark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1889

7. AGE YEARS 45 MONTHS 8 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Oct 7 1934 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Byrnesville Mo

FATHER 13. NAME Peter Parley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Imbuorin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT A. M. Ozark  
 (ADDRESS) 3032 Wagon St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL St. Felomenas Can. Home Spring  
 PLACE DATE 10/19/34

19. UNDERTAKER W. H. Stinson  
 (ADDRESS) House Springs Mo

20. FILED Oct 19 1934 Frank Fichte  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1934 to Oct 15 1934  
 I last saw h er alive on Oct 15 1934 Death is said to have occurred on the date stated above, at 8:00 AM.  
 The principal cause of death and related causes of importance were as follows:  
Thrombosis of cerebral vessels. Date of onset Oct 7 1934  
93d1  
 Other contributory causes of importance:  
Cardiac Failure in Myocarditis Date of onset Oct 14 1934  
Senility  
93d  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Chas. P. Ozias M. D.  
 (Address) Edureka, 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

