

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.

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

Do not use this space.

DEC 13 1934

38947

1. PLACE OF DEATH

County Crawford Registration District No. 231
Township _____ Primary Registration District No. 4141
City Steuville Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Philip Cornelius
(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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-10-1934</u>				
7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, 2 hrs. or min.	
		<u>2</u>	<u>hrs.</u>	
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. _____				
10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) <u>Steuville</u> (STATE OR COUNTRY) <u>Missouri</u>				
13. NAME <u>James Cornelius</u>				
14. BIRTHPLACE (CITY OR TOWN) <u>St Louis</u> (STATE OR COUNTRY) <u>Mo</u>				
15. MAIDEN NAME <u>Corin Warner</u>				
16. BIRTHPLACE (CITY OR TOWN) <u>St Louis</u> (STATE OR COUNTRY) <u>Mo</u>				
17. INFORMANT (ADDRESS) <u>James Cornelius</u> <u>Steuville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Steuville</u> DATE <u>10-11-</u> 19 <u>34</u>				
19. UNDERTAKER (ADDRESS) <u>L. J. Jones</u> <u>Steuville Mo</u>				
20. FILED <u>11-30</u> , 19 <u>34</u> <u>L. J. Jones</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10- 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him alive on 11-10, 1934 Death is said to have occurred on the date stated above, at 12.2 a.m.
The principal cause of death and related causes of importance were as follows:
Premature Birth
Seven months
159
Other contributory causes of importance: 159

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) R. C. Parker, M. D.
(Address) Steuville Mo

