

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

Do not use this space.

JAN 8 1935

42270

**1. PLACE OF DEATH**

County Cass Registration District No. 152  
Township Camp Branch Primary Registration District No. 5216  
City (No. ....) St. .... Ward .....

File No. ....  
Registered No. 14  
St. .... Ward .....

**2. FULL NAME**

William Corder  
(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 12 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |                                |   |
|--|--------------------------------|---|
| 3. SEX<br><u>M</u>   | 4. COLOR OR RACE<br><u>Wh.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Ida Ann Corder</u>                        |                                |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Sept 12 1865</u>   |                                |   |
| 7. AGE YEARS<br><u>68</u>  | MONTHS<br><u>2</u>             | DAYS<br><u>26</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u> |                                |   |
| 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)<br><u>Nov. 1934</u>                        |                                | 11. Total time (years) spent in this occupation<br><u>47</u>                |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>MaComb, Illinois</u>                                  |                                |   |
| 13. NAME<br><u>John Wesley Corder</u>  |                                |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Galzburg, Illinois</u>                                |                                |   |
| 15. MAIDEN NAME<br><u>Margaret Ann Knappen Berger</u>  |                                |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Pa.</u>   |                                |   |
| 17. INFORMANT (ADDRESS)<br><u>Mrs. Ida Ann Corder, Harrisonville, Mo. by A.F.C.</u>                          |                                |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Union Slav No</u> DATE <u>Dec 10<sup>th</sup></u> 19 <u>34</u> |                                |   |
| 19. UNDERTAKER (ADDRESS)<br><u>G. W. Hartley, East Republic, Mo.</u>   |                                |   |
| 20. FILED <u>12/10</u> 19 <u>34</u> <u>G. W. Hartley</u> Registrar   |                                |   |

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1934, to Dec 8 1934  
I last saw him alive on Dec 7 1934 Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:  
Chronic nephritis  
arteriosclerosis  
chronic myocarditis  
Date of onset

Other contributory causes of importance:  
151

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) J. W. Scott M. D.  
(Address) Harrisonville, Mo.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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.

