

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.

AUG 22 1935

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

Do not use this space.

25392

File No. _____
Registered No. 140 St. _____ Ward _____

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. B162
City Madrid (No. _____) St. _____ Ward _____

2. FULL NAME

Cornely, John

(a) Residence, No. 707 Adams Ave. 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Frances Cornely</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18, 1860</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>11</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroading-farming</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>RR - farm</u>	
	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) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>James, Cornely</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Maggie Lucy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Mrs. Maud Jones</u> (ADDRESS) <u>Aurora, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Aurora Mo</u> DATE <u>July 30, 1935</u>		
19. UNDERTAKER <u>King & Co. Home</u> (ADDRESS) <u>Aurora Mo.</u>		
20. FILED <u>7-30</u> 19 <u>35</u> <u>M. Eichinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1935 to July 30, 1935
Last saw him alive on July 30, 1935. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Acute myocardial insufficiency
93 d. S.
Date of onset 7/27/35

Other contributory causes of importance:
Senile psychosis agitated type

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) F. L. Martiny, M. D.
(Address) Nebraska

