DEC 11 1935

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

Do not use this space.
35287

1. PLACE OF DEATH
County: Buchanan
Registration District No.: 85
Primary Registration District No.: 1001
File No.:
Registered No.: 1259
Township:
City: St. Joseph, Mo. (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Cornelius Burright
(a) Residence, No.: 108 No. 2nd 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ~~Unknown~~ About 1879

7. AGE — YEARS: 56 — MONTHS: unknown — DAYS: — If LESS than 1 day, hrs. or min.

OCCUPATION
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.: unknown
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): Unknown

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT: Mrs. Inglish
(ADDRESS): St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Olivet DATE: Dec. 4, 1935

19. UNDERTAKER: FLEEMAN & SON INC.
(ADDRESS)

20. FILED: Dec 5 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov-20-, 1935, to Nov-23-, 1935. I last saw him alive on Nov-23, 1935. Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	

Other contributory causes of importance:

Name of operation: 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? No
If so, specify:
(Signed) R. Gordon, M. D.
(Address) 4 Gardner Bldg. St. Joseph 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