

JAN 9 1935

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

Do not use this space.

40616

1. PLACE OF DEATH

County Phillips
Township St. James
City St. James Mo.

Registration District No. 678
Primary Registration District No. 5904

File No. _____
Registered No. 248
St. _____ Ward _____

2. FULL NAME

Walter Charles Cornick

(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. 3 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Ethel Cornick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 0 0

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. Shoe Cutter
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) St Louis mo

13. NAME Walter H Cornick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

15. MAIDEN NAME Leonora Feldmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis mo

17. INFORMANT Jennie Cornick (ADDRESS) St James mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery DATE Dec 26- 1935

19. UNDERTAKER Jonas W. New York (ADDRESS) St James mo

20. FILED 12/27/ 1935 Mrs. W. J. Houb Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1934, to Dec 23, 1935.
I last saw him alive on Dec 5, 1935. Death is said to have occurred on the date stated above, at 5:45 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary
Tuberculosis
Date of onset _____

Other contributory causes of importance:

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) W. J. Houb, M. D.
(Address) St James 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.

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