

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.

MAR 25 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

8763

1. PLACE OF DEATH

County Saline, Mo.Registration District No. 796Township MarshallPrimary Registration District No. 2038City Marshall

File No.

Registered No. 29

St. Ward

2. FULL NAME Thomas Cornelious

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Cora Cornelious

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 6, 1870

7. AGE

YEARS

65

MONTHS

4

DAYS

1

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Sanitary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

church

10. Date deceased last worked at this occupation (month and year)

Jan. 6, 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Saline, Mo.

FATHER

13. NAME

George Cornelious

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME

Silvia Gainer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

17. INFORMANT (ADDRESS)

Abner Cornelious Marshall, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview cemetery DATE Feb 9, 1936

19. UNDERTAKER (ADDRESS)

Reuben Robbins Marshall, Mo.

20. FILED

Feb. 8, 1936Heleen Ruston

Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1936, to Feb. 7, 1936I last saw him alive on Feb. 6, 1936 Death is saidto have occurred on the date stated above, at 7 A. M.

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

Lobar pneumonia involving left lower and right upper lobes

Date of onset

2/3/36

Other contributory causes of importance:

Chronic valvular heart-diseaseName of operation ✓ Date of ✓What test confirmed diagnosis? Chloroform Was there an autopsy? no23. If death was due to external causes (not fire), 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) Th. Marshall, M. D.(Address) Marshall, Mo.

