MAY 18 1936

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

Do not use this space.

14282

1. PLACE OF DEATH

County Butler — Registration District No. 90 — File No.

Township Ash Hill — Primary Registration District No. 5-134 A — Registered No. 10

City Brosley R#1 (No. ..... St. ..... Ward)

2. FULL NAME John Edward Cornell

(a) Residence, No. Brosley, Mo. R#1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 Mrs. John Cornell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1853

7. AGE — YEARS: 83 — MONTHS: 2 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Feb. 1936
11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ingeniona Co., Minn.

FATHER

13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Clint Merritt Brosley, Mo. R#1

18. BURIAL, CREMATION, OR REMOVAL Mole Hill Cemetery
PLACE Butler Co., Mo. DATE 4/30 1936

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.

20. FILED 5-5 1936 Nora J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to April 29, 1936

I last saw him alive on April 29, 1936 Death is said to have occurred on the date stated above, at 2 49 A.m.

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

	Date of onset
Myocarditis, Chronic with Acute Decompensation	?
Other contributory causes of importance: Nephritis, Chronic	?

131

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? No

If so, specify .....

(Signed) J. Lester Harwell, M. D.

(Address) Poplar Bluff, 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.