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.

JUN 26 1936

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

Do not use this space.

21563

1. PLACE OF DEATH

County ~~Jefferson Barracks~~ St Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City ~~St. Louis~~ Jeff Bks Mo (No. Veterans Hospital St. Ward)

File No.

Registered No. 183

2. FULL NAME Edward CORNWALL

(a) Residence, No. 6919 Southwest Ave. St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. knUmos. wn ds. How long in U. S., if of foreign birth? un yrkno mos. wn 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~~ Lulu Cornwall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1881

7. AGE: Years 54 | Months 9 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation unkwn

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME unavailable

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

MOTHER

15. MAIDEN NAME Emma Beson

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

17. INFORMANT Clinical Clerk M. Schully (ADDRESS) Jeff Bks Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery ~~Jefferson Barracks, Mo.~~ DATE 5-15-36, 19

19. UNDERTAKER Jay B. Smith (ADDRESS) Maplewood, Mo.

20. FILED May 13, 1936 L. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 19 36

22. I HEREBY CERTIFY, That I attended deceased from May 4, 19 36, to May 12, 19 36

I last saw him alive on May 12, 19 36 Death is said to have occurred on the date stated above, at 7:02 m. p.m.

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

	Date of onset
Cirrhosis of liver	unkwn

Other contributory causes of importance: None

Name of operation none Date of

What test confirmed diagnosis? clinical manifestations, x-ray, laboratory 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) C. W. HUGHES, M. D., M. D.

(Address) Chief Medical Officer.