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.

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

Do not use this space.

31695

SEP 25 1936

1. PLACE OF DEATH
County Miller — Registration District No. 561 — File No.
Township — Primary Registration District No. 4330 — Registered No. 68
City Eldon (No. , St. Ward)

2. FULL NAME Orville Lee Cornett
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18 1905

7. AGE: YEARS 31 — MONTHS 7 — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Missouri

FATHER
13. NAME W. A. Cornett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Maud Easley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Maud Cornett Eldon, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Eldon DATE 8-22 1936

19. UNDERTAKER (ADDRESS) Phillips Funeral Home Eldon, Mo.

20. FILED 8-21 1936 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1935, to Aug 20, 1936
I last saw him alive on Aug 19, 1936 Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Liver Abscesses	?
[illegible]	
12/20	

Other contributory causes of importance:

Lung abscess	?
appendicial abscess	?

Name of operation Drainage Date of Oct 14 35
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?
If so, specify
(Signed) E. O. Shelton, M. D.
(Address) Eldon Mo