

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wayne Registration District No. 892
Township South Creek Primary Registration District No. 6189
City Waynesville (No.) St. Ward

File No. 47484
Registered No. 30

2. FULL NAME Alona Cornner

(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 Female 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 Thomas M Cornner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 10 3

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

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) It officials Mo

13. NAME Samuel R Kelley

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

15. MAIDEN NAME Nancy J Phillip

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

17. INFORMANT Thomas M Cornner (ADDRESS) Chambers Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross roads DATE Dec. 17 1936

19. UNDERTAKER (ADDRESS) Floyd Russell
Biggs, Ark.

20. FILED Dec. 17 1936 Mr. Hattie McQueen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1936 to Dec 16 1936

I last saw her alive on Dec 15 1936. Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Robertson Pneumonia Date of onset about Dec 1
Presumably

Other contributory causes of importance: MI

Name of operation MI Date of

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? No

If so, specify

(Signed) , M. D.

(Address)

