APR 27 1937

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

Do not use this space.

File No. 13627
Registered No. 93

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123
Township: Carondelet — Primary Registration District No. 6248 B
City: Jefferson Barracks (No. V. A. St. Ward)

2. FULL NAME Jesse J. COREY

(a) Residence, No. 322 West Sixth Street St., Ward. Fulton, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	1	

OCCUPATION

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

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

FATHER

13. NAME Frank Corey
14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Michigan

MOTHER

15. MAIDEN NAME Esther Brown
16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) New York

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton, Mo DATE 3-1 1937

19. UNDERTAKER Albert Hoppe
(ADDRESS) 429 N. Euclid

20. FILED 2-26 1937 G Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26 1937

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1937, to February 26, 1937
I last saw him alive on February 26, 1937. Death is said to have occurred on the date stated above, at 9:25A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
MYOCARDITIS, chronic, congestive type cardiac failure with hypertrophy and dilatation. Arteriosclerotic heart.	Unkn.

Other contributory causes of importance:

Hypertension, mild; Arteriosclerosis.	Unkn.

Name of operation None Date of —
What test confirmed diagnosis? Ply. clinical manif. 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, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, 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.