

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.

JUL 27 1937

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

Do not use this space.

23484

1. PLACE OF DEATH
County Way (clay) Registration District No. 20 + 200
Township Kearney Primary Registration District No. 528-0
City (No.) St. Ward (If nonresident, give city or town and State)

2. FULL NAME Hugh Corney
(a) Residence, No. Kearney Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 15 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 23

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.

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) Kearney city, MO

13. NAME James Corney

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

15. MAIDEN NAME Margaret Melroy

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

17. INFORMANT Anna Gallagher
(ADDRESS) Cameron Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney mo DATE 5-31 1937

19. UNDERTAKER Mahin Hessel
(ADDRESS) Liberty mo

20. FILED 5-31-37 1937 E. T. Branch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h. James Corney on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset

Other contributory causes of importance: 14B

Name of operation none Date of no

What test confirmed diagnosis? History 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. P. Wysocki M. D.
(Address) Liberty of Missouri

