

AUG 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Rollinger*
Township *Orange*
City *Orange*

Registration District No. *67*
Primary Registration District No. *5102C*

File No. *26627*
Registered No. *9*
St. _____ Ward _____

2. FULL NAME

Nethaniel V. M. Cornie
(a) Residence, No. *near Glen Allen* 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 *M.* 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 *Husband of Rowena M. Cornie*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *11-27-1870*

7. AGE YEARS *66* MONTHS *8* DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) *July 1* 11. Total time (years) spent in this occupation *Life with*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*13. NAME *Rube M. Cornie*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sicily*15. MAIDEN NAME *X*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *X*17. INFORMANT *William Harris*18. BURIAL, CREMATION, OR REMOVAL PLACE *Wesley Chapel Church July 25, 1937*19. UNDERTAKER *D. G. Shell*20. FILED *July 27, 1937. Mrs. G. A. Sauer Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 27, 1937*

22. I HEREBY CERTIFY That I attended deceased from *July 17, 1937*, to *July 27, 1937*
I last saw him alive on *July 25, 1937* Death is said

to have occurred on the date stated above, at *4:30 p.m.*

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

Arteriosclerosis
High blood pressure
Peptic ulcer

Other contributory causes of importance: *unknown. 1170*

Name of operation *no operation* Date of _____
What test confirmed diagnosis *Phy. Ex.* 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) *J. M. Cornie*, M. D.

(Address) *Orange, 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.

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