REC'D APR 9 1938

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

10255
Do not use this space.

1. PLACE OF DEATH
(a) County Butler
(b) Township
(c) City Neelyville, Mo.
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 88
Primary Registration District No. 4054
Registered No. 13

2. PRINT FULL NAME Violetta Cornelius 654
(a) Residence, No. Neelyville, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 25, 1924

7. AGE: Years 13 | Months 6 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Schoolgirl
9. Industry or business in which work was done, as 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) Neelyville 0
(STATE OR COUNTRY) Missouri

FATHER
13. NAME William Cornelius 1
14. BIRTHPLACE (CITY OR TOWN) —
(STATE OR COUNTRY) Illinois 1

MOTHER
15. MAIDEN NAME Ruth Manon
16. BIRTHPLACE (CITY OR TOWN) —
(STATE OR COUNTRY) Illinois

17. INFORMANT Wm. Cornelius
(ADDRESS) Neelyville, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Harris Ridge Cem. DATE April 2, 1938
Neelyville

19. FUNERAL DIRECTOR Greer-Croy Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED 8-31, 1938 R. L. Turner, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal hemorrhage	
Fracture skull	
Lacerations face and body.	

Other contributory causes of importance:
Cyclone 1917

Name of operation — 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? accident Date of injury 3/30, 1938
Where did injury occur? Neelyville
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Cyclone
Nature of injury crushed head + body

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Grover W. Greer M.D.
(Address) Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Grover W. Greer, Licensed Embalmer No. 2964

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2964 or by, Registered Apprentice No.

working under my personal supervision.

Signed Grover W. Greer

Licensed Embalmer No. 2964

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)