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.

REC'D APR 19 1938

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

Do not use this space.

File No. 10646
Registered No. 14

1. PLACE OF DEATH
County: Dunklin
Township: Union
Registration District No. 282
Primary Registration District No. 5401
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Rose Anderson Corder 636

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Solomon Corder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28 1872

7. AGE: Years 66 | Months 1 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): April 1938
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Mo D

FATHER
13. NAME: Eye Corder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Solomon Corder Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rocky Hill DATE: March 30, 1938

19. UNDERTAKER (ADDRESS): Fatheree Campbell Mo

20. FILED: 3/29/, 1938 Eva Sanders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1938, to March 29, 1938
I last saw him alive on March 28, 19 ..... Death is said to have occurred on the date stated above, at 3:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	3/25/38
Other contributory causes of importance: Chronic Varicose Ulcer	30 yrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W. J. Rutledge, M. D.
(Address) Campbell, Mo