

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.

DEC 9 DEC 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DouglasRegistration District No. 10-7-5Township SpencerPrimary Registration District No. 5381

City

(No. _____)

St.

Ward)

2. FULL NAME

(a) Residence No. _____

St.

Ward.

(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

Male

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M.

6A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMartha J. Corneliison

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

Mar. 7, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.78728

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

FATHER

13. NAME

Gess Corneliison14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)unknown

MOTHER

15. MAIDEN NAME

unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)unknown17. INFORMANT
(ADDRESS)Mrs. Martha Corneliison
Bruna Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE union chappelle DATE Nov 5 193819. UNDERTAKER
(ADDRESS)Kelly - Sunell Funeral Home
Seymour Mo
J. H. Cid

20. FILED

Dec 9 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 193822. I HEREBY CERTIFY, That I attended deceased from
8-27, 1938, to 11-4, 1938I last saw him alive on 8-27, 1938. Death is saidto have occurred on the date stated above, at 12:15 P.M.

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

Chronic Cardio-vascular
diseaseDate of onset
?

Other contributory causes of importance:

Angina-pectoris?

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 _____, 1938

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

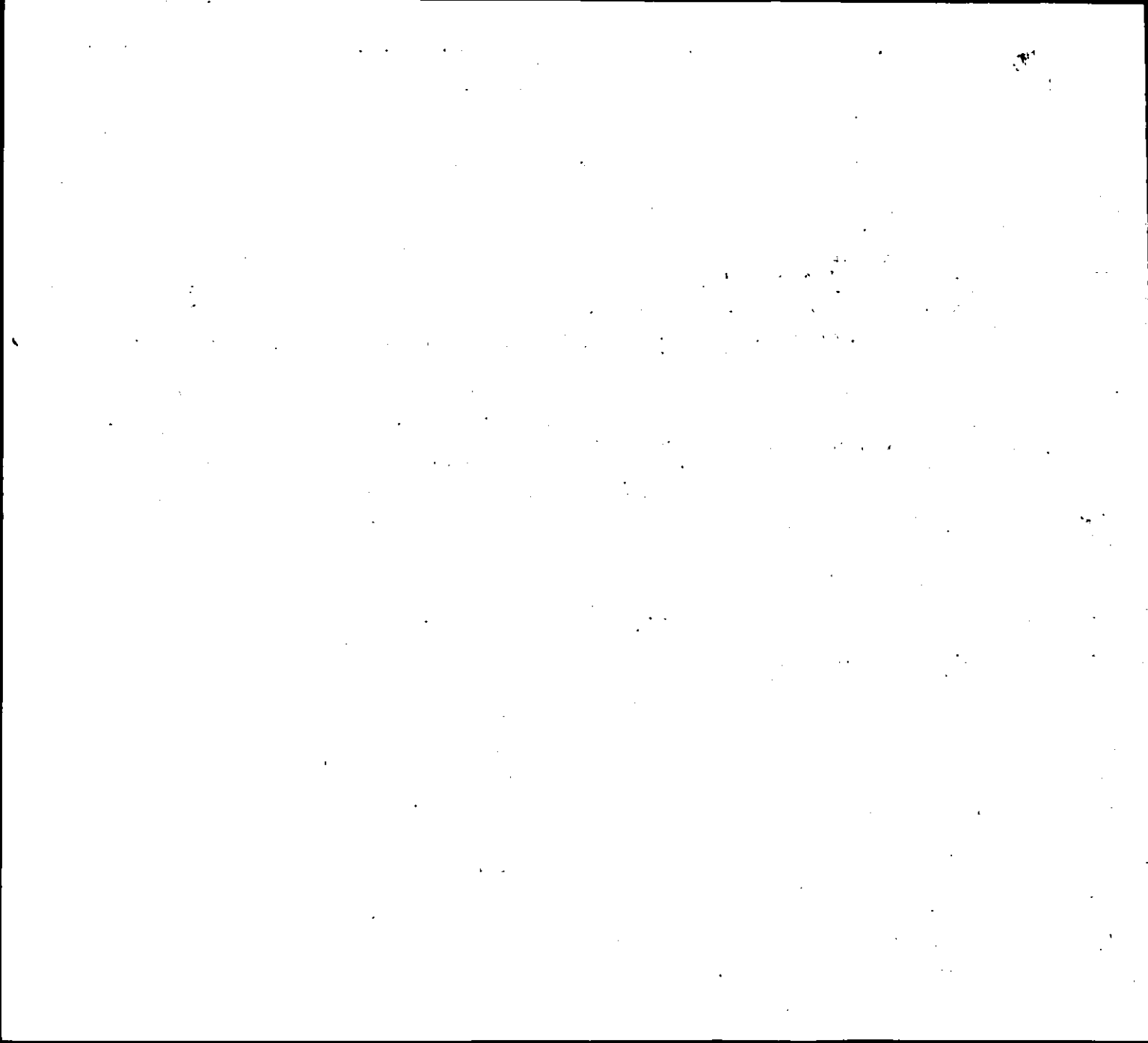
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) Howard J. Mason B.O.(Address) Fordland, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39069
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 281
(b) Township Spencer Primary Registration District No. 6256 Registered No. _____
(c) City _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Joe Marion Cornelison St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha J. Cornelison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-7-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Jess Cornelison 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Martha Cornelison 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Martha Cornelison
Bruneau

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chaffell DATE Nov 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Kelley Gunnell Funeral Home
Segment

20. FILED 1-13-39 B. D. Hale
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-27 to 11-4, 1938

I last saw him alive on 2-37, 1938. Death is said to have occurred on the date stated above, at 12-45 P.

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

Chronic Cardiac Vascular Disease

Other contributory causes of importance: Angina Pectoris

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 _____, 1938

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) Howard T. Dugan, M. D.

(Address) Tardland

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

