

REC'D MAR 17 1939

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

7227  
Do not use this space.

1. PLACE OF DEATH

(a) County **Mississippi**  
(b) Township **Tywappity**  
(c) City **Charleston**

Registration District No. **566**  
Primary Registration District No. **5762**

Registered No. **24**

(d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred **84** yrs. **8** mos. **2** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **431 Corina Agnes Black**

(a) Residence, No. **Charleston, Mo R#1** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thomas Dan Black**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 16, 1854**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**84** **8** **2**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **Retired Housewife**  
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) **Charleston, Mo**

FATHER 13. NAME **David Gilmore**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bullard County Ky**

MOTHER 15. MAIDEN NAME **Katherine Guthrie**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mobile, Alabama**

17. INFORMANT (ADDRESS) **Thomas D. Black, Charleston, Mo R#1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Charleston, Mo** DATE **2/20** 19 **39**  
**I.O.O.F. Cemetery**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Nunnelee Funeral Home Charleston, Missouri**

20. FILED **2-21-1939** **F. A. Venn** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/18,** 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **2/8** 19 **39**, to **2/18** 19 **39**  
I last saw her alive on **2/17** 19 **39**. Death is said to have occurred on the date stated above, at **4:30 P.**

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

**Cerebral Hemorrhage** Date of onset **2/18/39**

Other contributory causes of importance:

**My pertussis + Cerebral Hemorrhage D.K.**  
**Debility**

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? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) **F. A. Venn**, M. D.  
**Charleston, Mo.** (Address)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*John P. Hummel Jr*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*John P. Hummel Jr*

Licensed Embalmer No. *3851*

P. O. Address *Charleston, Me*

**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.)**

**If this body is not embalmed, above space should be left blank.**