DEC'D MAY 18 1939

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

14096
Do not use this space.

1. PLACE OF DEATH
(a) County Adair 3 Registration District No. 2
(b) Township 2 Primary Registration District No. 4004 Registered No. 103
(c) City or Village Novinger (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. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

1 3 0

2. PRINT FULL NAME Cornelia Jane McCabe
(a) Residence, No. 210 St. Maline Ill
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-5-1914

7. AGE: Years 25 | Months 3 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
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) Novinger Mo.

FATHER
13. NAME Henry B. Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co Missouri

MOTHER
15. MAIDEN NAME Cornelia Jane Brunich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Burnard McCabe

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Novinger Cem DATE 4-26- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dee Kilby Kirksville Mo.

20. FILED Apr. 26, 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1939, to Apr 25, 1939
I last saw h. alive on Apr 24, 1939. Death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis pulmonalis (Tuberculosis of lungs)	Jan 39

Other contributory causes of importance: Pregnancy 2 m

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) J. S. Gashwiler, M. D.
(Address) Novinger Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 10-39-778
Date Filed MAY 15 1939

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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