

MAY 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 314 File No. 14844
Township Cooper Primary Registration District No. 5479B Registered No. 7
City (No. _____) St. _____ Ward _____

2. FULL NAME

640 Benjamin F. Corley (Corley)
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret F. Corley</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 14 - 1868</u> | | |
| 7. AGE | YEARS <u>71</u> | MONTHS <u>5</u> |
| | DAYS <u>29</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>✓</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nadlamay Co. Md</u> | | |
| FATHER | 13. NAME <u>Tom F. Corley</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Julia G. Monteleone</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u> | |
| 17. INFORMANT (ADDRESS) <u>Frank Corley</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) (DATE) <u>St. Anthony's Cemetery, Greene Co. Mo. 4/14/39</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>W. H. Phillips</u> | | |
| 20. FILED <u>4/13 1939</u> Registrar <u>B. S. [unclear]</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13 1939

22. I HEREBY CERTIFY That I attended deceased from Mar 25, 1938, to Feb, 1939
I last saw him alive on Mar 4, 1939. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular heart disease Date of onset _____
Other contributory causes of importance: 92%

Name of operation None Date of _____
What test confirmed diagnosis? ✓ Was there an autopsy? NA

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NA Date of injury 6, 1939
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? NA
If so, specify _____
(Signed) F. H. [unclear], M. D.
(Address) St. Anthony's, Mo.

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 Clerk No. 11

District No.

39-427

Date Filed

MAY 4 1933