

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 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 Henry 2 Registration District No. 347
 Township Blainstown 1 Primary Registration District No. 7205
 City Blainstown (No. 650) St. _____ Ward) _____
 2. FULL NAME Hattie Ida Corwin
 (a) Residence, No. Blainstown St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 14953
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore H.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-1854
 7. AGE YEARS 85 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) _____ 11. Total time (years) spent in this occupation Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-39
 22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to April 1, 1939
 I last saw her alive on March 31, 1939. Death is said to have occurred on the date stated above, at 7:10 PM
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
 Other contributory causes of importance: 13!
Bronchial Asthma
Chronic Nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 13. NAME Rosevee Temple
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass
 15. MAIDEN NAME Sabra Ann Cannon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna
 17. INFORMANT (ADDRESS) Clyde Corwin
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blainstown DATE 4-3-39
 19. UNDERTAKER (ADDRESS) Wm. H. Johnson
 20. FILED 4-29 1939 Dr. J. B. Houghton Registrar.

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? No
 If so, specify _____
 (Signed) Kelly Rawlins M. D.
 (Address) Halden, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-676

Date Filed 5-4-39