

REC'D JUL 19 1939

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

22965
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 682
(b) Township Wetmore Primary Registration District No. 4406
(c) City Ashburn (d) Street No. _____
(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. 152 Fannie Cornaga St.
Ashburn Missouri (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 Charles A. Cornaga
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 24

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. At Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Louisiana
(STATE OR COUNTRY) Missouri

13. NAME David M. Hutton
14. BIRTHPLACE (CITY OR TOWN) Keokuk
(STATE OR COUNTRY) Iowa

15. MAIDEN NAME Susan Pitts
16. BIRTHPLACE (CITY OR TOWN) Do not know
(STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Charles A. Cornaga
Ashburn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashburn, Mo. DATE June 25, 1939

19. FUNERAL DIRECTOR (NAME) Ray P. Schwartz
(ADDRESS) Wannabal, Mo.

20. FILED 6/29 1939 H. Louis Stegler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 29, 1939 to June 3, 1939
I last saw him alive on April 29, 1939. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

Angina pectoris
Date of onset _____
Other contributory causes of importance: 9/11/39

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? _____
If so, specify _____ (Signed) W. L. Stegler, M. D.
(Address) Frankford, Mo.

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.

I X-14028

RECEIVED
District Health Officer No. 10
Office File Number 7-39-1157
JUL 8 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,

Cecil E. Schwartz

or by

Registered Apprentice No. *2338*, working under my personal supervision.

Signed

Cecil E. Schwartz

Licensed Embalmer No. *2338*

P. O. Address *Hannibal, Mo.*

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.