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 JAN 11 1940

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

Do not use this space.

2/1

1. PLACE OF DEATH

County Jackson — Registration District No. 400 — File No. 43624

Township Prarrie — Primary Registration District No. 55523 — Registered No. 235

City ~~Blue Springs~~ (No. R.F.D. 4 miles south St. Ward)

2. FULL NAME 640 Wm F. Corlew

(a) Residence, No. Blue Springs Mo R.F.D. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 m

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 Ida Mae

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1883

7. AGE — YEARS 56 — MONTHS 5 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co MO

FATHER

13. NAME Joseph Corlew

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill,s

MOTHER

15. MAIDEN NAME Roof

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Joe Corlew Blue Springs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Perdee Chapel DATE Dec 9 1939

19. UNDERTAKER (ADDRESS) R.B. Webb Blue Springs Mo

20. FILED 12-19- 1939 Sara G. Bonner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 7 A m.

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

Death by Drowning

Date of onset

Other contributory causes of importance:

183

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? Accident Date of injury 12-7-39, 19

Where did injury occur? Blue Springs Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home Farm

Manner of injury Fall into well

Nature of injury Death by Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]