

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

Do not use this space.

**26368**

**1. PLACE OF DEATH**

County *Henry*  
Township \_\_\_\_\_  
City *Urich* (No. \_\_\_\_\_)

Registration District No. *347*  
Primary Registration District No. *4210*

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

*Addie Corwine*  
(a) Residence, No. *Urich Mo.* St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *32* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-29 .1936*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF *Richard Corwine*

22. I HEREBY CERTIFY, That I attended deceased from *July 14* 19*36*, to *July 23* 19*36*  
I last saw h. *alive* on *July 23*, 19*36* Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 31-1863*

to have occurred on the day stated above, at *3 P. m.*

7. AGE YEARS *82* MONTHS *0* DAYS *23*  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

*Heart Exhaustion* Date of onset \_\_\_\_\_

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*

Other contributory causes of importance: *1-71*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lelaga Indiana*

Name of operation *none* Date of \_\_\_\_\_  
What test confirmed diagnosis? *none* Was there an autopsy? \_\_\_\_\_

MOTHER FATHER 13. NAME *Joseph Elia*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

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)

MOTHER FATHER 15. MAIDEN NAME *Maratha Tracy*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Memphis Tennessee*

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

17. INFORMANT (ADDRESS) *Mr. W. W. Hooch Urich Mo.*

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE *Urich Burial 24 1936*

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) *Frank W. Hudson Urich Mo.*

(Signed) *J. W. Gullerath*, M. D.  
(Address) *Urich Mo*

20. FILED *7-28 1936 J. R. Hampton Registrar.*

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.

*AUG 29 1936*

