

REC'D MAY 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry 1 Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. 617) So Carter St. 3 Ward) 6.52

File No. 14749
Registered No. 6.52

2. FULL NAME

(a) Residence, No. 617 So Carter St. 3 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>Female</u>	4. COLOR OR RACE <u>White</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>Wm. N. Cornick</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-11-1864</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>5</u>	DAYS <u>4</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>Housewife</u>			
	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 <u>1</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
FATHER	13. NAME <u>Samuel Taylor</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Sophia Aulbert</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT (ADDRESS) <u>Wm. Cornick Clinton, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>4-17-38</u>				
19. UNDERTAKER (ADDRESS) <u>William S. Home Clinton, Mo</u>				
20. FILED <u>5-2</u> 19 <u>38</u> <u>Dr. R. Hampton</u> Registrar. <u>312</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15, 193822. I HEREBY CERTIFY, That I attended deceased from 4-9, 1938, to 4-15, 1938I last saw h.c.m. alive on 4-15, 1938. Death is saidto have occurred on the date stated above, at 12 m.

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

Cerebral Hemorrhage Date of onsetTotal left side Paralysis

Other contributory causes of importance:

Name of operation ggs Date of noWhat 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) W. C. Peeler M. D.(Address) Clinton, Mo

