

1 X31K

WRITE PLAINLY, WITH UNFADING INK

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 SEP 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Henry*  
Township *Big Creek*  
City *near High*

Registration District No. *318*  
Primary Registration District No. *550.3*

File No. *29017*  
Registered No. *7* St. *1* Ward)

2. FULL NAME

*Sarah Jane Cornett. 653*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S., if of foreign birth? *79* yrs. *5* mos. *4* ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *John B. Cornett*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 26 - 1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*79 5 4*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Sees. House. work*

10. Date deceased last worked at this occupation (month and year) *July 1938* 11. Total time (years) spent in this occupation. *50*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Henry County Mo.*

13. NAME *Preston Blevens*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Henry County Mo*

15. MAIDEN NAME *Nancy Ann Crocket*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Christia County Indiana*

17. INFORMANT (ADDRESS) *Pearl Sanders*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Norris Cemetery* DATE *Aug. 3, 1938*

19. UNDERTAKER (ADDRESS) *Graham Furniture Co.*

20. FILED *Aug 10, 1938* *E. Y. Hiten* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 31*, 19*38*

22. I HEREBY CERTIFY That I attended deceased from *July 20*, 19*38*, to *July 31*, 19*38*

I last saw him alive on *July 31*, 19*38*. Death is said to have occurred on the date stated above, at *2:50* a.m.

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

*Cerebral Hemorrhage*  
*Myocardium*  
*g.g. w/l*

Date of onset *7/20/38*  
*3 yrs*

Other contributory causes of importance:  
*Hypertalic Anemia* *3 days*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *Physical* Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *no* 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) *J. F. McDonald* M.D.  
*318* (Address) *Wash Mo*

1938-7-21

1858-1-27  
79-5-18

RECEIVED  
District Health Officer No. 7,  
District File Number 7-38-53  
Date Filed 9-14-38