

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

Do not use this space.

REC'D JUN 21 1939

18734

1. PLACE OF DEATH

42 County Henry

Registration District No. 347

4 Township

Primary Registration District No. 3018

2 City Clinton

(No. _____)

St. _____

Ward _____

2. FULL NAME Miss B. Corner

(a) Residence, No. 402 South 2nd St., 4 Ward.

(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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J W Corner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 95 9 12

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

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Beauvais

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Isabel Mc Lane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT Miss Kitty Mc Beth (ADDRESS) Kansas city mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5/21 1939

19. UNDERTAKER Consalvo + Beck (ADDRESS) Clinton mo

20. FILED 5-27 1939 J R Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1939

22. I HEREBY CERTIFY, That I attended deceased from May 19 1939 to May 19 1939.

I last saw her alive on May 19 1939. Death is said to have occurred on the date stated above, at 3 P m.

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

Coronary thrombosis Date of onset May 9/39

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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? _____

If so, specify _____

(Signed) S B Hughes M. D.

(Address) Clinton Mo

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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.

RECEIVED

District Health Officer No. 7,

District File Number

1-39-908

Date Filed

6-6-39