

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Jackson
City Jackson (No. 4)

Registration District No. 104
Primary Registration District No. 3008

File No. 23314
Registered No. 148
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. California Mo. St. Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Negro</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>Stella Snodgrass</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11-1884</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>11</u>	DAYS <u>21</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</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		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
13. NAME <u>Geo Cornum</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OK</u>
15. MAIDEN NAME <u>Harriet M Leckok</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>

17. INFORMANT Hosp. Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE California Mo DATE OK 1937

19. UNDERTAKER E. D. Hardiman
(ADDRESS) Jackson Mo

20. FILED June 3, 1937 A. N. Cress
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2 1937

22. I HEREBY CERTIFY, That I attended deceased from March 17 1937, to June 2 1937

I last saw him alive on June 1st 1937 Death is said to have occurred on the date stated above, at 10:52 a.m.

The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis w
Myocardial
Degeneration OK

Date of onset OK

Other contributory causes of importance:
Cerebral Arteriosclerosis OK

Name of operation OK Date of OK

What test confirmed diagnosis? OK Was there an autopsy? OK

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? OK Date of injury OK 1937

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 OK

Nature of injury OK

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

If so, specify OK

(Signed) OK M. D.

(Address) Jackson Mo

