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

Do not use this space.

4900

1. PLACE OF DEATH
County Saline Co — Registration District No. 796
Township — Primary Registration District No. 3038
City Marshall. Mo (No. ... St. ... Ward)
File No. ... Registered No. 13

2. FULL NAME Mary A Cornelious
(a) Residence. No. ... St., ... 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: F
4. COLOR OR RACE: Colord
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 13, 1916
7. AGE — YEARS: 12 | MONTHS: 4 | DAYS: 26 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Marshall. Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Tomas Cornelious
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Saline Co
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Loar Turner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Saline Co
(STATE OR COUNTRY)

14. INFORMANT: Tomas Cornelious
(Address): Marshall, Mo
15. FILED 1-18, 1929 Mrs. John H McGuire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 11, 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1929, to Jan 11, 1929, that I last saw h[er] alive on Jan 10, 1929, and that death occurred, on the date stated above, at 7 P. 30 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
820
1113
(duration) yrs. ... mos. 10 ds.
CONTRIBUTORY (SECONDARY) Neumonia
(duration) yrs. ... mos. 5 ds.
18. WHERE WAS DISEASE CONTRACTED? Marshall mo.
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) W Hudson, M. D
, 19 (Address) Marshall. mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fairview Cemetary — DATE OF BURIAL: Jan 13, 1929
20. UNDERTAKER: R. Robbins — ADDRESS: Marshall. Mo

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.

FEB 6 1929