

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

Do not use this space.

8105

APR 28 1930

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No. _____)

Registration District No. 209
Primary Registration District No. 2017

File No. _____
Registered No. 255
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. C. Virniam

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 0 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Haysville, Clinton Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Russell M. Corey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.C.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emily Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT Thos. Vera McConnell
(Address) Liberty, Mo.

15. FILED 3/21/30 W. J. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1930, to Mar 4, 1930, and that I last saw him alive on Mar 4, 1930, and that death occurred, on the date stated above, at 3:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
Paralysis General
(duration) yrs. mos. ds. 14
CONTRIBUTORY Atherosclerosis
(SECONDARY)
(duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED 740
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Benton Matley, M. D.
Mary, 19 30 (Address) Liberty, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Farrar, Liberty, Mo. DATE OF BURIAL 3/5/30

20. UNDERTAKER Church - Archer Co ADDRESS Liberty, 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.

