N.B. Every item of information should be entered in the appropriate space. Every item of information should be entered in the appropriate space. Every item of information should be entered in the appropriate space. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 01 1932

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

Do not use this space.

25510

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 86 — File No.

Township Washington, — Primary Registration District No. 5127 — Registered No. 68

City (No. 1/2 M.N.E. of City, Rochester Road. Ward)

2. FULL NAME William Benjamin Cornelius,

(a) Residence, No. 1/2 M.N.E. of St. Joseph, Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Cornelius,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1868.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, 1

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

10. Date deceased last worked at this occupation (month and year) August 1932

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri, 1

FATHER

13. NAME William Cornelius,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee 2

MOTHER

15. MAIDEN NAME Mary Jane Wilson,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

17. INFORMANT (ADDRESS) Mrs. Wm B. Cornelius R.F.D. # 3, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bowen Cemetery DATE Aug. 30, 1932

19. UNDERTAKER (ADDRESS) Keelon-McGale & Bowman St. Joseph, Mo. Funeral Home

20. FILED Aug 29, 1932 J. J. Bensbach Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1932, to Aug. 28, 1932

I last saw him alive on Aug. 21, 1932. Death is said to have occurred on the date stated above, at 3:10 a.m.

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

	Date of onset
Carcinoma of Stomach	1931
46A	
1226 46B	

Other contributory causes of importance:

Obstruction of outlet	1932
of Stomach & adhesions	1932
Metastases	

Partial Gastrectomy July 1931 by Dr. Wallace

Name of operation Date of

What test confirmed diagnosis? X ray Was there an autopsy?

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) [illegible], M. D.

(Address) 825 Charles St Joseph Mo.

[illegible]

[illegible]

[illegible]