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.

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

REC'D JUN 15 1938

17556
Do not use this space.

1. PLACE OF DEATH
(a) County Adair — Registration District No. 4
(b) Township ~~[illegible]~~ — Primary Registration District No. 3001 — Registered No. 83
(c) City Kirksville — (d) Street No. 701 E. Patterson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. / mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha Ann Cornwell 654
(a) Residence, No. ..... St. ☐ Spickard Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF: Taylor Cornwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28 - 1857
7. AGE: YEARS 80 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as 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): Spickard Grundy Co Mo
FATHER
13. NAME: William Schooler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio
MOTHER
15. MAIDEN NAME: Sophia Keith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio
17. INFORMANT (ADDRESS): Clifton Cornwell 701 E. Patterson Kirksville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Spickard Mo DATE: May 24 1938
19. FUNERAL DIRECTOR (ADDRESS): Chas E. Schooler Spickard Mo
20. FILED: May 24 1938 Spencer Freeman, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24 1938
22. I HEREBY CERTIFY, That I attended deceased from May 17, 1938, to May 24, 1938
I last saw her alive on May 24 1938. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Arteriosclerosis	

Other contributory causes of importance: Chronic nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Spencer L. Freeman, M. D.
(Address) Kirksville, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Chas E. Schooler, Licensed Embalmer No. 3103

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ross Wilson

L. E.

No. 3771 or by ✓, ~~Registered Apprentice~~ No.

working under my personal supervision.

Signed Chas. E. Schooler

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)