

REC'D APR 13 1939

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

Do not use this space.

11103

## 1. PLACE OF DEATH

County Jackson  
Township John O. Bar  
City Oak Grove, Mo. (No. ....)Registration District No. 402  
Primary Registration District No. 555103File No. ....  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

650 Sarah Matilda Corn  
(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 Female 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Henry Corn  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17<sup>th</sup> 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 11 19OCCUPATION 8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. house wife  
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) Mo.FATHER 13. NAME John Temple14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.MOTHER 15. MAIDEN NAME Marcella Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Mrs. Nora Corn  
(ADDRESS) Oak Grove, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Corn Cemetery 2/28 193919. UNDERTAKER Zolich  
(ADDRESS) Oak Grove, Mo.20. FILED Apr 1st 1939 Miss O. H. Mann  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26 - 193922. I HEREBY CERTIFY, That I attended deceased from 2-15-1939 to 2-25 1939I last saw her alive on 2-25 1939 Death is said to have occurred on the date stated above, at 4:30 a.m.The principal cause of death and related causes of importance were as follows:  
Date of onsetVaricose veins since childhood rupturedOther contributory causes of importance: 100

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ye23. 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) E. E. Prew M. D.364 (Address) f. Oak Grove, 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.

