

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

Do not use this space.

37885

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. _____
 Township _____ Primary Registration District No. 3034 Registered No. 220
 City Moberly (No. Mc Cormick Hospital) St. _____ Ward _____

2. FULL NAME

Mable Durrell
 (a) Residence. No. 415 Taylor 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16th 1920
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 | 8 | 25 | _____

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Tommy Durrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Lora Sperry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Tommy Durrell
 (Address) Hegbee mo

15. FILED 12-11-1927 Thos. J. Fleming
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10 1927
17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927, to Dec 10, 1927
 that I last saw her alive on Dec 10, 1927, and that death occurred, on the date stated above, at _____ a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute appendicitis with peritonitis
Bronchopneumonia
1213
107A (duration) yrs. mos. da. 3
 CONTRIBUTORY (SECONDARY) appendicitis
 (duration) yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED 1213
 IF NOT AT PLACE OF DEATH, _____
19. DID AN OPERATION PRECEDE DEATH? yes DATE OF OPERATION Dec. 10 - 1
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. L. McCormick, M. D.
12-10, 1927 (Address) Moberly 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 Roadside Road **DATE OF BURIAL** 12-13th 1927

20. UNDERTAKER L. J. Feland **ADDRESS** Hegbee 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.

