G 24 1928

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

Do not use this space.

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411 — File No.: 24195

Township: Galena — Primary Registration District No.: 2002 — Registered No.: 306

City: Joplin (No. ..... St. ..... Ward)

2. FULL NAME William M. Durell

(a) Residence (Usual place of abode) No. ..... St., ... Ward. Quincy, Ill (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: A.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 28 1855

7. AGE: Years 72 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lowe & Brass Moulder
(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): Beardstown Ill

PARENTS

10. NAME OF FATHER: Chas. K. Durell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Eunice White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT (Address): G. H. Durell, Chetwood, Mo

15. FILED 7/16, 1928 Dr A Benson Clark, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 13 1928

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to July 13, 1928 that I last saw him alive on July 13, 1928, and that death occurred, on the date stated above, at 6:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ethnic poisoning
134 B
132 B (duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY): Stone in Bladder
..... (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 122 B

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) S. G. Hoshaw, M. D

, 19 (Address) Joplin, 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: Forest Park — DATE OF BURIAL: 7/16 1928

20. UNDERTAKER: Anderson Hud. Co — ADDRESS: Joplin, 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.

THIS IS A PERMANENT RECORD