

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

Do not use this space.

18578

1. PLACE OF DEATH

County Ray
Township Marcelline
City (No. _____) _____

Registration District No. 502
Primary Registration District No. 5668

File No. _____
Registered No. 25
St. _____ Ward _____

2. FULL NAME

Francis Marion Dorrell

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF - Clona F Hall-Dorrell
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1855

7. AGE YEARS 76 MONTHS 0 DAYS 25
if LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Retired

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mason Co Mo
(STATE OR COUNTRY)

13. NAME Geo W. Dorrell

14. BIRTHPLACE (CITY OR TOWN) Boonsboro Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Mrs. Josiah Todd

16. BIRTHPLACE (CITY OR TOWN) Mason Co Mo
(STATE OR COUNTRY)

17. INFORMANT Ray Dorrell
(ADDRESS) Marcelline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE High Hill DATE May 31 1931

19. UNDERTAKER Gas M. Laughlin
(ADDRESS) Marcelline Mo

20. FILED 6/1 1931 Ola Putman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1931

22. I HEREBY CERTIFY, That I attended deceased from May 29 1931 to May 29 1931

I last saw him alive on May 29 1931 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:
Arterio-Sclerotic

Other contributory causes of importance: 107A / 107A

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 _____

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) A. W. Sator M. D.

(Address) Marcelline, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 27 1931

