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

Do not use this space.
22011

1. PLACE OF DEATH.
County: Lincoln — Registration District No.: 491 — File No.: 173
Township: — Primary Registration District No.: 4292 — Registered No.:
City: Winfield (No. ..... St. ..... Ward)

2. FULL NAME: William H. Corkrell
(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: 5 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 (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Lottie Corkrell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 2 1887

7. AGE: Years 44 | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Oil Supply Man
(b) General nature of industry, business, or establishment in which employed (or employer): Oil
(c) Name of employer: Formerly Standard Oil Co.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: John L. Corkrell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Rontha Kirkby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Missouri

14. INFORMANT: Lottie Corkrell
(Address): Winfield, Mo

15. FILED 7/1 1931 — [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1931, to June 30 1931, that I last saw h. alive on June 30 1931, and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma (Stomach)
4 mo
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 4 6 B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) [signature], M. D
, 19 (Address) Ada Mona 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: New Salem Cemetary — DATE OF BURIAL: July 2 1931
20. UNDERTAKER: David L. Faburn — ADDRESS: Winfield, Mo.

N. B.—Every item of information should be carefully supplied. Age should be stated in years. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.