

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

Do not use this space.

35461

1. PLACE OF DEATH

County Wendy Registration District No. 324
 Townshp Franklin Primary Registration District No. 4993
 City Spickard (No. _____) St. _____ Ward _____

2. FULL NAME

Coriella Jane Schorler
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 6 9

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

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) Wendy Co Mo

13. NAME Casey Cornwell

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

15. MAIDEN NAME Amanda Cochran

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

17. INFORMANT (ADDRESS) Chas E Schorler Spickard Mo

18. BURIAL, CREMATION, OR REMOVAL Wendy Spickard Mo DATE 11/30-32 19

19. UNDERTAKER (ADDRESS) Chas E Schorler Spickard Mo

20. FILED DEC 3 1932 E W Cowing Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1932

I HEREBY CERTIFY, That I attended deceased from Jan 1932, to Nov 27 1932
 I last saw h. alive on Nov 27, 1932. Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:

Organic heart disease Date of onset 1931
52
95 52
 Other contributory causes of importance: Cancer of ear

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. 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 W Cowing _____, M. D.
 (Address) Spickard 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.

MARK IN REVERSED FOR BINDING

V. S. NO. 2

JAN 1933

