OCT 19 1934

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

Do not use this space.

33844

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township Union — Primary Registration District No. 5971 — Registered No. 176
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Beverly R. Sorrell
(a) Residence, No. ..... St., ... Ward. R.F.D. Cairo Mo.
(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 (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bessie Sorrell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apl 28th 1857
7. AGE: YEARS 77 — MONTHS 4 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Mo

FATHER
13. NAME: John Sorrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Annie Cambron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mrs Bessie Sorrell R F D Cairo Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moberly Mo DATE: Sept 3rd 1934
19. UNDERTAKER (ADDRESS): Mahan and Son Moberly Mo
20. FILED 9/3 1934 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 1st, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1934, to Sept. 1st, 1934
I last saw him alive on Aug. 25, 1934. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis — Date of onset: Jan 1934
BD
93d!
Other contributory causes of importance:
Name of operation: None — Date of
What test confirmed diagnosis? Clinical — 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 ....., 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: No.
(Signed) L. E. Huber, M. D.
(Address) Moberly, 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.

100M-11-24-33