

WRITE PEANUT, WITH ON-PAGING 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.

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

Do not use this space.

WAY 23 1935

12233

1. PLACE OF DEATH

21

County Chariton
Township Clark
City _____ (No. _____)

Registration District No. 174
Primary Registration District No. 5747

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

2. FULL NAME

Emma 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — <u>John Wesley Dorrell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 7 1862</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>7</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Taney Co Mo</u>		
MOTHER FATHER	13. NAME <u>Bethelium Ellie</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>	
	15. MAIDEN NAME <u>Rebecca Ellie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>	
17. INFORMANT <u>H. Austin</u> (ADDRESS) <u>Hays City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hays Cem</u> DATE <u>Apr 12 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Gas M. Kaubler</u> <u>Marceline Mo</u>		
20. FILED <u>May 11 1935</u> <u>C. D. Stratton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1935 to Apr 10 1935
I last saw her alive on Apr 6 1935 Death is said to have occurred on the date stated above, at 11:15 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____

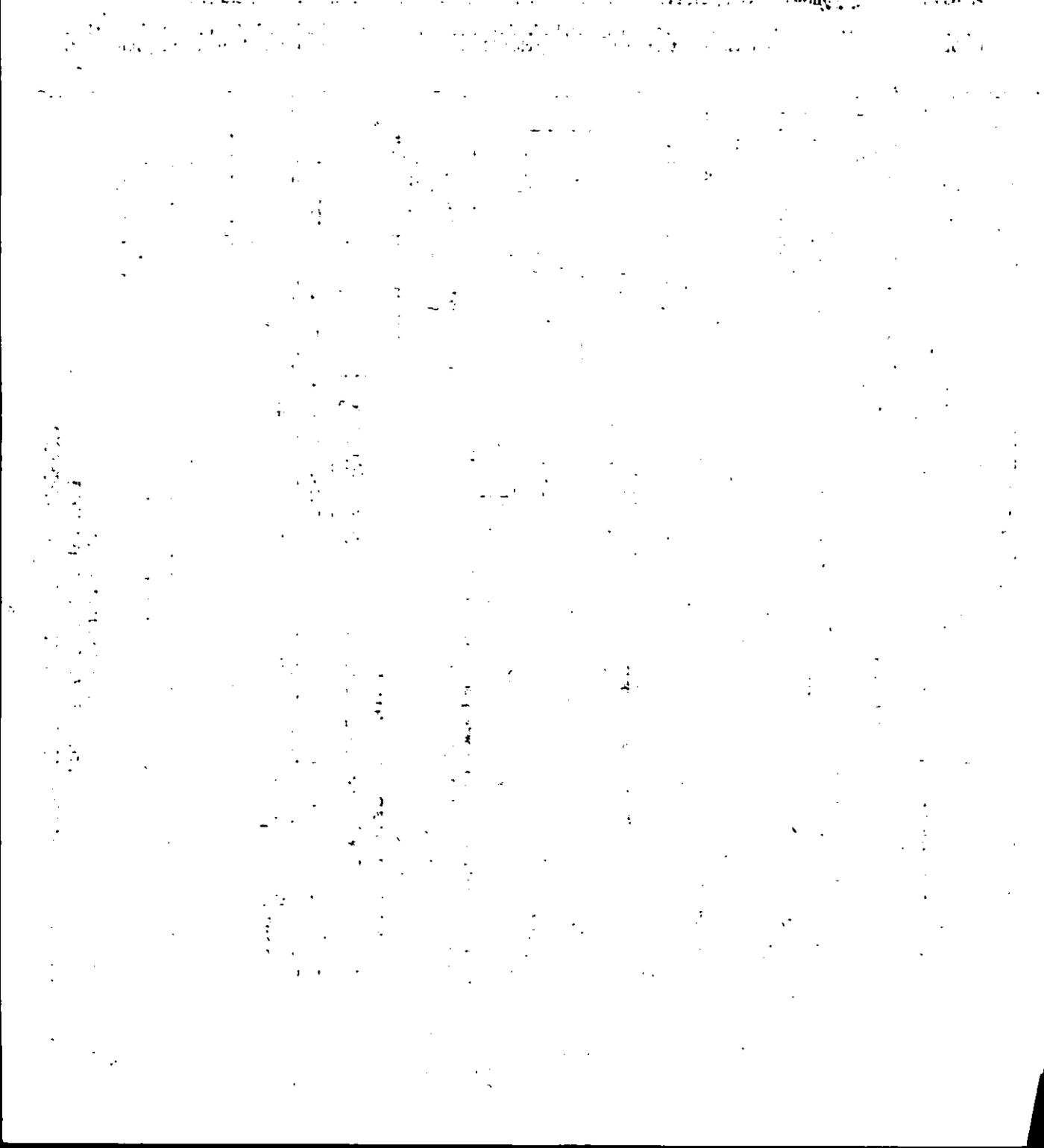
Other contributory causes of importance: 93%

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) M. H. Ellis M. D.
(Address) Marceline Mo



MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Chariton Registration District No. 174 File No. _____
 Township Lobson Primary Registration District No. 524 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

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

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1935 to 4-10 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 7 - 1852

I last saw her alive on 4-6 1935. Death is said to have occurred on the date stated above, at 11:15 a.m.

7. AGE YEARS 82 MONTHS 7 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

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

Chronic Myocarditis

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 _____

Date of onset

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

Other contributory causes of importance: _____

13. NAME Brithelma Ellis

Name of operation no Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

What test confirmed diagnosis? _____ Was there an autopsy? No

15. MAIDEN NAME Rebecca Ellis

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT H. Austin (ADDRESS) Kansas City, Mo

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayes Cemetery DATE Apr 12 1935

Nature of injury _____

19. UNDERTAKER James McLaughlin (ADDRESS) Marceline Mo

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILED May 11 1935

(Signed) M. A. Ellis M. D.

(Address) Marceline Mo

N. B.—Every item of information shown on certificate supplied. A statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-12233