JUL 27 1939

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

Do not use this space.

21796

File No. .....

Registered No. 101

1. PLACE OF DEATH

County Saline — Registration District No. 796

Township ..... — Primary Registration District No. 3038

City Marshall (No. 857 S. Brunswick St. ..... Ward)

2. FULL NAME Mary Margaret Gorrell

(a) Residence, No. 857 S. Brunswick 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Gorrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1897

7. AGE: Years 38 | Months 1 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Saline Co. Mo.

FATHER

13. NAME John Mason Brandle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Mary Haggard

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

17. INFORMANT (ADDRESS) John M. Brandle Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ridge Park DATE June 23, 1935

19. UNDERTAKER (ADDRESS) F. W. Campbell Marshall Mo.

20. FILED June 22, 1935 Pelley Huston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1934, to June 21, 1935

I last saw her alive on June 21, 1935. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

	Date of onset
Brain tumor, secondary to	
Bronchogenic carcinoma	9

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was 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? No

If so, specify .....

(Signed) [illegible], M. D.

(Address) Marshall, Mo.

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.

WRITE PLAINLY, WITHOUT PADDING INK—THIS IS A PERMANENT RECORD