

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.

MAR 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Shannon Registration District No. 175
Township Chariton Primary Registration District No. 5248
City (No.) Ward

File No. 5063
Registered No. 14

2. FULL NAME

William West Sorrell
(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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Is Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jamie Patterson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11 - 1849</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>3</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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.	<u>Jamies</u>
	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>Wistville, Mo.</u>		
FATHER	13. NAME <u>Martin Sorrell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
MOTHER	15. MAIDEN NAME <u>Dont Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Robert Sorrell R.F.D. #1 Marston Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olivill</u> DATE <u>Feb 29 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Jas M. Laughlin</u>		
20. FILED <u>2/29 1936</u> <u>W. S. Lawton's</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 19 1936, to Feb 27 (27) 1936
I last saw him alive on February 25 1936 Death is said to have occurred on the date stated above at 8:40 P. M.
The principal cause of death and related causes of importance were as follows:
Chronic endocarditis
Date of onset

Other contributory causes of importance:
None

Name of operation _____ 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? No
If so, specify _____
(Signed) Carl C. Hege, M. D.
(Address) Glasgow, Mo

