

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.

47309

FEB 23 1937

1. PLACE OF DEATH
 162 County Shelby Registration District No. 826
 Township Bethel Primary Registration District No. 6087
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Poliver Strubling Daurell
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary E. Daurell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13-1857

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>4</u>	<u>13</u>	

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) Monroe Co. Mo

MOTHER FATHER

13. NAME Alpheus Daurell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo

15. MAIDEN NAME Lupiasa Strubling

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

17. INFORMANT E. M. Daurell
 (ADDRESS) Shelbyville, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE D. O. H. Cemetery DATE Dec-28-1936

19. UNDERTAKER E. P. Thompson
 (ADDRESS) Shelbyville, Mo.

20. FILED Jan 6 1937 W. C. W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-26-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1936, to Dec. 26, 1936

I last saw him alive on Dec. 26, 1936 Death is said to have occurred on the date stated above, at 3.30 p. m. PM

The principal cause of death and related causes of importance were as follows:
Ulceration of Stomach
Colitis.

Date of onset 1916
1935

Other contributory causes of importance None

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? No
 If so, specify No

(Signed) E. M. Pillsbury M. D.
 (Address) Shelbyna, Missouri.

