

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

8317

1928

1. PLACE OF DEATH

County Cass
Township Blackwater
City (No.) (St.) (Ward)

Registration District No. 217
Primary Registration District No. 5297

File No.
Registered No.

2. FULL NAME

Mr. Amos Gorrell
(a) Residence No. Blackwater 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 1837

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 1 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn -

10. NAME OF FATHER Amos Gorrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Leah Wallum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMATION (Address) Mrs. W. E. McWhorter, Blackwater Mo.

15. FILED 4-2-28 1928 H. J. Hovey Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 Mar 31 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... that I last saw him alive on abt Mar 15, 1928 and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Sudden Death
Probably coronary
thrombosis

CONTRIBUTORY (SECONDARY)

Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. J. Hovey, M. D.
402, 1928 (Address) Blackwater, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Old Lamine April 2 1928

20. UNDERTAKER ADDRESS
Goodman & Belle Boone Mo.

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.

