

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

Do not use this space.

3372

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. 97)

Registration District No. 796
Primary Registration District No. 6039

File No. 9
Registered No. 9
St. Marshall Ward 9

2. FULL NAME

John William Gorrell

(a) Residence, No. 97 St. Marshall Ward 9
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
60 10 4

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) Lugawood, Mo

13. NAME Joseph P. Gorrell

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

15. MAIDEN NAME Ella Davis

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

17. INFORMANT (ADDRESS) Mrs. John Gorrell

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Bur. DATE Jan 14, 1932

19. UNDERTAKER (ADDRESS) T. M. Campbell

20. FILED 1-20 1932 Mrs. John H. McEure Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 8, 1932, to Jan 12, 1932.
I last saw him alive on Jan 12, 1932. Death is said to have occurred on the date stated above, at 10:45 am.
The principal cause of death and related causes of importance were as follows:

Respiratory
Pneumonia
108
Other contributory causes of importance: 108

Name of operation 9 Date of 9
What test confirmed diagnosis? 9 Was there an autopsy? 9

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 9 Date of injury 9, 1932.
Where did injury occur? 9 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 9
Nature of injury 9

24. Was disease or injury in any way related to occupation of deceased? 9
If so, specify 9
(Signed) Geo. S. Hardin, M. D.
(Address) Marshall, Mo.

