

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

Do not use this space.

33377

1. PLACE OF BIRTH

County Henry
Township Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 123
St. Ward

2. FULL NAME

(a) Residence No. Jones Sta 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 M 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 Mary Susan Sorrel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 10 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter 1215
(b) General nature of industry, business, or establishment in which employed (or employer) 129
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Michigan
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Samuel Sorrel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebera Delouis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT D. C. Sorrel
(Address) Michigan

15. FILED Oct. 13 1928 Dr. E. C. Peeler
REGISTRAR Per. J. J.

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 8 1928, to Oct 11 1928, and that I last saw him alive on Oct 11 1928, and that death occurred, on the date stated above, at 9-26 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Spontaneous
thrombosis of
coronary arteries
embolism (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) As above stated
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Illinois
IF NOT AT PLACE OF DEATH Henry Co. Mo.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. S. Shibus, M. D.
, 19 (Address) Clinton 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 Calhoun Mo DATE OF BURIAL 10/18 1928

20. UNDERTAKER Spore + Son ADDRESS Clinton 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.

