

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

Do not use this space.

31649

1. PLACE OF DEATH

County Caudolph
 Township New Creek
 City Moberly (No.)

Registration District No. 735
 Primary Registration District No. 3034

File No.
 Registered No. 192 St. Ward)

2. FULL NAME

Margorie Orlene Carrell

(a) Residence. No. R. 6 - Madison 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 - 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>		<u>12</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Robert Ray Carrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Paris, Ill.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bessie E. Suetnam

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

14. INFORMANT Robert R. Carrell
 (Address) Madison - R. 6

15. FILED 10/12/1929 Dr. Tho. S. Fleming
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1929, to Sept 7, 1929, that I last saw h.e.r. alive on Sept 7, 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute suppurative appendicitis

12-13/17 (duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Madison, Mo.

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept. 6

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. D. Streater, M. D.

Sept. 8 1929 (Address) Moberly, 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 Oakland DATE OF BURIAL Sept 8 1929

20. UNDERTAKER A. H. Minor ADDRESS Moberly

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.

10/10/01