

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

Do not use this space.

1. PLACE OF DEATH

7 County Bates Registration District No. 47 File No. 38333
 1 Township Clear Creek Primary Registration District No. 4027 Registered No. 34
 3 City Adrian (No. _____) St. _____ Ward _____

2. FULL NAME

LuCrece Bevington Dorrell
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. E. Dorrell, Jr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 14 - 1889</u>		
7. AGE	YEARS	MONTHS
<u>1</u>	<u>43</u>	<u>8</u>
		DAYS
		<u>19</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Winterset Ia</u>		
FATHER	13. NAME <u>J. E. Bevington</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winterset Ia</u>	
MOTHER	15. MAIDEN NAME <u>Gibson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ia</u>	
17. INFORMANT (ADDRESS) <u>J. E. Dorrell, Jr Adrian</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Resent Hill Cem.</u> DATE <u>12/29</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Creath and Dix Adrian</u>		
20. FILED <u>1/10</u> 19 <u>33</u> <u>Dr H W Tuttle</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 1932, to Dec. 25 1932
 I last saw her alive on Dec. 24th 1932. Death is said to have occurred on the date stated above, at 1:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Branchial Pneumonia
107A / 107A
 Other contributory causes of importance:
Branchial Pneumonia
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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 _____
 (Signed) E. E. Robinson, M. D.
 (Address) Adrian, Missouri

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.

JAN 21 1933

