SEP 21 1937

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

Do not use this space.

29599

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 100 — Registered No. 3233

City Kansas City (No. St. Marys Hospt. St. Ward)

2. FULL NAME Margaret A. Sorrels

(a) Residence, No. 3132 Euclid St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John W. Sorrels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8 1869

7. AGE: YEARS 68 — MONTHS 5 — DAYS 23 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): Ontario Canada

FATHER

13. NAME: Thos. Jessop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER

15. MAIDEN NAME: Rachel May
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT (ADDRESS): T. Wallace Sorrels Okla. City Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Morish DATE Aug 2 1937

19. UNDERTAKER (ADDRESS): Eylar Funeral Home Kansas City Mo.

20. FILED Aug 2, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936, to July 31, 1937

I last saw her alive on July 31, 1937. Death is said to have occurred on the date stated above, at 2:34 P.m.

The principal cause of death and related causes of importance were as follows:

Schirrous Carcinoma of stomach

Post operation peritoneal Carcinomatosis

Date of onset

Other contributory causes of importance: 46

Name of operation Gastric Resection Date of May 1936

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) J. E. Castles, M. D.

(Address) 1002 Argyle Bldg Kansas City, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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620 W. Barmouth rd Ga. 4027