

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

Do not use this space.

18169

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence Mo. (No. ....)

Registration District No. 398  
Primary Registration District No. 5554

File No. ....  
Registered No. 175  
St. .... Ward

**2. FULL NAME**

Hetty Shrig  
(a) Residence. No. Sugar Creek, Mo. Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | married

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

Harry Shrig

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 - 1888

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, .... hrs. or .... min.

39 - 5 - 14

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Avery Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. W. Murray

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Quincy Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebecca Rogers

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

14. INFORMANT Harry Shrig  
(Address) Sugar Creek, Mo.

15. FILED June 27 1927 G. L. Cook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1927

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1927, to June 27, 1927 that I last saw him alive on June 27, 1927 and that death occurred, on the date stated above, at 5:30 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

General Septicaemia follow-  
ing abortion

11/0 (duration) yrs. mos. da.  
15/14 Pyosalpinx (SECONDARY) (duration) yrs. mos. 14 da.

18. WHERE WAS DISEASE CONTRACTED  
11/0 NOT IN PLACE OF DEATH? Home

19. DID AN OPERATION PRECEDE DEATH? 2/14/0 yrs. DATE OF Curetage  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Dr. E. Jackson, M. D.  
6/27/27 (Address) Front - 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 Avery Mo. DATE OF BURIAL June 28 1927

20. UNDERTAKER Blk & Mitchell ADDRESS Independence 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.

DEPARTMENT RECORD

