OCT 24 1928

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

Do not use this space.

30004

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No.

Township Fishing River — Primary Registration District No. 3011 — Registered No. 89

City Excelsior Springs (No. ..... St. ..... Ward)

2. FULL NAME Fred Shrener

(a) Residence. No. East Excelsior St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Susan Shriner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 8 - 1859

7. AGE: Years 69 | Months 5 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER: Eli Shriner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER: Anna Harms.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany.

14. INFORMANT: Susan Shrener
(Address) Ex Spgs Mo

15. FILED 9/1, 1928 Y. D. Crown, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~3/3~~ Sept 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 3, 1928, to Sept 1, 1928, that I last saw h. mi. alive on Sept 1, 1928, and that death occurred, on the date stated above, at 11 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cause of Stomach

(duration) 3 yrs. — mos. ds.

CONTRIBUTORY (SECONDARY) —

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? — no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) R. Oxley, M. D

, 19 (Address) Ex Spgs 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: Crown Hill Cemetery — DATE OF BURIAL: Sept. 4, 1928

20. UNDERTAKER: John C Prather — ADDRESS: Ex Spgs