

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.

APR 27 1932

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

Do not use this space.

8840

1. PLACE OF DEATH
 County Jackson Registration District No. 404
 Township West Washington Registration District No. 6558
 City Paris City (No. #4 East 85th St) St. _____ Ward _____

2. FULL NAME Mrs. Ella Margaret Shriver
 (a) Residence, No. #4 E 85th St St. _____ Ward _____
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. _____
 Registered No. 15- _____
 St. _____ Ward _____

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>Louis Edmund Shriver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14 - 1859</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>8</u>	DAYS <u>26</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>home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>mother</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Danville Ky?</u>	
	13. NAME <u>Unknown</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Elizabeth Curtis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Sigil A. Hale</u> (ADDRESS) <u>2027 Elmwood</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood Cemetery</u> DATE <u>3/12</u>		
19. UNDERTAKER <u>Eyles Funeral Home</u> (ADDRESS) <u>1800 Elmwood Blvd.</u>		
20. FILED <u>Mar 11 1932</u> <u>Fred R. Sunday</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH Thursday

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from June - 15, 1928, to March - 10, 1932
 I last saw her alive on March 9, 1932 Death is said to have occurred on the date stated above, at 6:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset June 15th 28
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 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external cause (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? _____
 If so, specify _____
 (Signed) H. E. McElroy, M. D.
 (Address) 318 Argyle Bldg.

Li 7380

no 2733 Benton