

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

Do not use this space.

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1. PLACE OF DEATH
 36 County Franklin Registration District No. 294
 Township Central Primary Registration District No. V-409-3
 City Ida Shryock (No. _____) St. _____ Ward _____

2. FULL NAME Ida Shryock
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 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 Female 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 Walter Shryock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-16 1882

7. AGE YEARS 49 MONTHS 3 DAYS 30 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) April 17, 32 11. Total time (years) spent in this occupation 11 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Libera Mo

13. NAME James O Perry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo

15. MAIDEN NAME Moritha Duncan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn- 2

17. INFORMANT (ADDRESS) Walter Shryock

18. BURIAL, CREMATION, OR REMOVAL PLACE Ida Shryock DATE April 17, 1932

19. UNDERTAKER (ADDRESS) Cady & Co

20. FILED 4/16 32 W. E. K. / 100

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1932

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on April, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Accidentally crushed by being pinned beneath an auto while driven by herself. Date of onset _____

Other contributory causes of importance:
Last Central & turned over & upside down. None else involved.

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury Apr 15, 1932
 Where did injury occur near St. Clair Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Crushed chest.
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Ros P Shaffer Coroner
 (Address) Bellevue, 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

MAY 22 1932

