

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.

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

Do not use this space.

1. PLACE OF DEATH
 5-5 County Lawrence Registration District No. 471
 5 Township Pierce Primary Registration District No. 4284
 6 City Pierce City (No. _____ St. _____ Ward _____)

2. FULL NAME Ely Shryack
 (a) Residence, No. _____ St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

File No. 82178
 Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>11</u>	<u>13</u>	

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

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) Ohio (STATE OR COUNTRY)

13. NAME Thomas H Shryock

14. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Martin

16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

17. INFORMANT Flora Shryock (ADDRESS) Pierce City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE Jan 24 1933

19. UNDERTAKER Wm. Wessell Jr. (ADDRESS) _____

20. FILED 1/23 1933 W. B. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 25, 1932 to Jan 22, 1933
 I last saw him alive on Jan 22, 1933. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Brain Insufficiency
92A
 Other contributory causes of importance 92A

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) E. B. Knight, M. D.
 (Address) Pierce City, Mo.

Director of the
Bureau of the
Census

John D. ...
John D. ...

John D. ...

John D. ...

to

John D. ...

John D. ...

John D. ...

John D. ...

John D. ...
John D. ...
John D. ...