

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.

12194

1. PLACE OF DEATH

County Worth
Township Sheridan
City Sheridan (No. St. Ward)

Registration District No. 904
Primary Registration District No. 6215

File No.
Registered No.

2. FULL NAME

Ira Edgar Shroyer
Sheridan Mo.

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 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 <u>Male</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>Madora B. Shroyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29, 1864</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>8</u>	DAYS <u>1</u> If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ill.

13. NAME John A. Shroyer

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

15. MAIDEN NAME Julia Ann Stevens

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

17. INFORMANT Madora B. Shroyer
(ADDRESS) Sheridan Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Joseph, Mo.
PLACE Memorial Park Cem. DATE April 1, 1933

19. UNDERTAKER Paul D. Clark
(ADDRESS) 5022 KING HILL AVE., St. Joseph, Mo.

20. FILED April 5, 1933 Mrs. Lillian Boyd
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1933, to March 30, 1933.
I last saw him alive on March 30, 1933 Death is said to have occurred on the date stated above, at 1:00 P. m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Chronic Arteriosclerosis
and pyelonephritis
Date of onset 4-7-9-30

Other contributory causes of importance:
Chronic Arteriosclerosis
and pyelonephritis

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
MO. (Signed) P. H. Phelps, M. D.

(Address) Blounton, La.

