

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

Do not use this space.

9577

APR 25 1934

1. PLACE OF DEATH

County Linn
Township
City Bookfield (No.)

Registration District No. 496
Primary Registration District No. 3025

File No.
Registered No. 30 St. Ward)

2. FULL NAME

Lewis Wiley Shrock
(a) Residence, No. 316 West Johnson St., 2 Ward.

Length of residence in city or town where death occurred 25 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 <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>Celia Shrock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29 1882</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>5</u>
	DAYS <u>1</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>Lawyer & Con Sultant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>worked for self</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 1, 1933</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Ind</u>		
MOTHER	13. NAME <u>Andrew Shrock</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Phoebe Moad</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs. Cecelia Shrock</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bookfield Mo</u> DATE <u>4-2</u> 19 <u>34</u>		
19. UNDERTAKER <u>Home of Providence</u> (ADDRESS) <u>Bookfield Mo</u>		
20. FILED <u>3/30/34</u> 19 <u>34</u> <u>Chordrup</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30 1934

22. I HEREBY CERTIFY, That I attended deceased from any 1933, to March 30, 1934
I last saw him alive on March 29, 1934. Death is said to have occurred on the date stated above, at 1:40 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Linn
46
Other contributory causes of importance:

Name of operation none Date of

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify

(Signed) Dr. H. W. Potts M.D.
(Address) Bookfield 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.

