

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

Do not use this space.

28375

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township Marshall Primary Registration District No. 2038
 City Marshall, Mo. (No. St. Joseph Hosp.) St. _____ (Ward)

File No. _____
 Registered No. 134

2. FULL NAME Cora Irene Schrock

(a) Residence, No. West Jackson St Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Irene Schrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1911

7. AGE YEARS MONTHS DAYS 23 11 10
 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.

13. NAME Joe Gibson

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

15. MAIDEN NAME Randy Welliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.

17. INFORMANT Irene Schrock (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bridge P. Cemetery DATE Aug 27, 1935

19. UNDERTAKER J. K. Hussey (ADDRESS) Marshall, Mo.

20. FILED Aug 26, 1935 Robert Nelson Deputy Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1935 to Aug 25, 1935
 I last saw her alive on Aug 25, 1935 Death is said to have occurred on the date stated above, at 3:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis.
 Date of onset _____

Other contributory causes of importance:
Pulmonary edema

Name of operation Saltzman's Bickler's Date of _____
 What test confirmed diagnosis fluorescing Was there an autopsy? no

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)

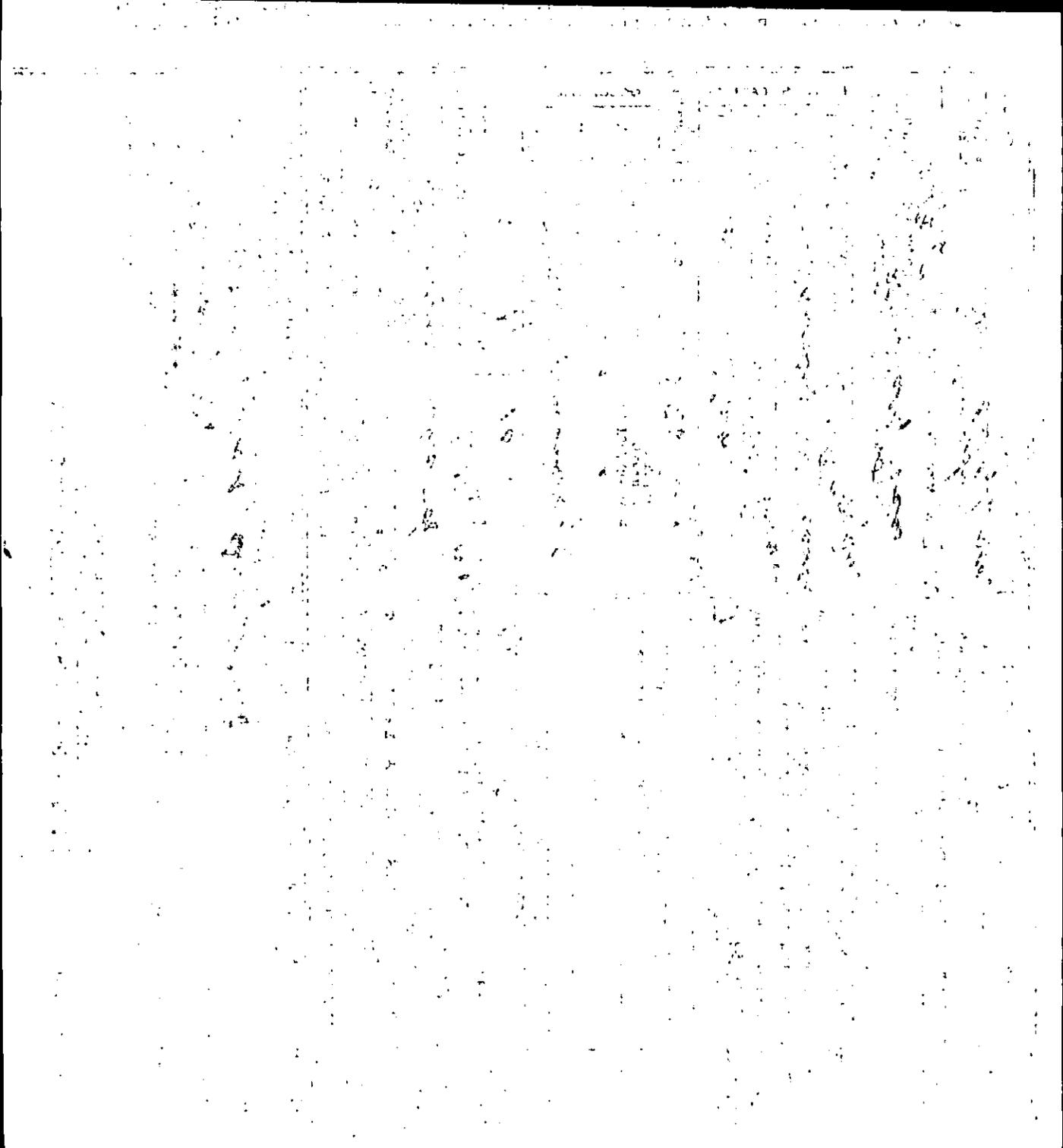
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) John R. Lawrence, M. D.
 (Address) Marshall, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY
 space.

1. PLACE OF DEATH

County Saline Registration District No. 496 File No. _____
 Township _____ Primary Registration District No. 3038 Registered No. _____
 City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME

Cora Irene Schroek

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS LESS than 1 day, _____ hrs. or _____ min. 23

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

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

10. Last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED Oct. 25, 1935 Helmut Huston Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1935

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. Last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ in _____.

The principal cause of death and related causes of importance were as follows:

Salpingitis - (Unknown cause) Date of onset _____

Other contributory causes of importance:

Coronary thrombosis

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) John R. Lawrence, M. D.

(Address) Marshall Mo

OCT 19 1935

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