

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JUN 16 1937

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

Do not use this space.

19411

1. PLACE OF DEATH

County Boone

Registration District No. 73

File No. _____

Township _____

Primary Registration District No. 3006

Registered No. 129

City Columbia (No. _____)

St. _____ Ward _____

2. FULL NAME

Thomas Hurst Shock

(a) Residence, No. 147 Barth 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Eva. Shock

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

8-13-1884

7. AGE

YEARS 52

MONTHS 8

DAYS 29

If LESS than 1 day, _____ hrs. or _____ min.

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

Grocery merchant

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)

Boone County Missouri

13. NAME

Willard Shock

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

Missouri

15. MAIDEN NAME

Mollie Caldwell

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

Missouri

17. INFORMANT

Mrs. T. H. Shock

(ADDRESS) 147 Barth - Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Columbia Cem. DATE 5-14-1937

19. UNDERTAKER

Parker Furniture Co

(ADDRESS) Columbia Mo.

20. FILED

5/15/1937 Allie Selby

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5-12-1937

22. I HEREBY CERTIFY, That I attended deceased from

May 5, 1937 to May 8, 1937

I last saw him alive on May 8, 1937 Death is said to have occurred on the date stated above, at 3 P. m.

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

Chronic Myocarditis with acute cardiac failure.

Other contributory causes of importance:

none

Date of onset

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) Robert H. Simpson, M. D.

(Address) Columbia, Missouri

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