

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399²
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3940 Indiana) St. _____ Ward _____

File No. 36822

Registered No. 4251

2. FULL NAME

Frances Sidney Shrock

(a) Residence, No. 3940 Indiana 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 8, 1850

7. AGE YEARS 87 MONTHS 1 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Pennsylvania

13. NAME Charles Shrock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Augusta Drumm (Daughter)
(ADDRESS) 3940 Indiana, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Winfield, Kans. DATE Octo. 23, 1937

19. UNDERTAKER Stine & McClure
(ADDRESS) Kansas City, Missouri.

20. FILED 10.22.37 M. M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18th, 1937, to Oct 20, 1937

I last saw her alive on Oct 20th, 1937. Death is said to have occurred on the date stated above, at A. m. 5:05

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

Bronchial Pneumonia Date of onset 10/17/37

939

Other contributory causes of importance Myocarditis

Name of operation Clinical Date of _____

What test confirmed diagnosis? _____ 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) Frederick J. [Signature] M. D.
(Address) 901 West [Address]

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.

