

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

Do not use this space.

DEC 20 1937

1. PLACE OF DEATH

County Chester
Township Paris
City Lees Summit (No.)

Registration District No. 400
Primary Registration District No. 5553B

File No. 41492
Registered No. 177
St. Ward)

2. FULL NAME

Virgil Veach Shook ✓

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

Length of residence in city or town where death occurred 20 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 9 11

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

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) 1/3/37 11. Total time (years) spent in this occupation 10

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

13. NAME Clumel Shook

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Virgil Shook Jr

18. BURIAL, CREMATION, OR REMOVAL PLACE Lees Summit DATE Nov 7 1937

19. UNDERTAKER W. B. Bangsford

20. FILER Dr. C. E. Williams, Jr

1937 Williams, Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 19 37

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19... to 19...

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Angina Pectoris Nov 5?

Other contributory causes of importance: Arterio-sclerosis 1925

Name of operation none Date of...

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) A. B. Swamy, M. D.

(Address) Deputy Coroner

Lees Summit, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1000-21-30-35 X7044

