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

DEC JAN 20 1939

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

Do not use this space.

File No. 44705

Registered No. 56

1. PLACE OF DEATH
County Sullivan 2
Township Buchanan 1
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 849
Primary Registration District No. 6123

2. FULL NAME Mrs Sarah Shriver

(a) Residence, No. ..... 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 Benone Shriver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1853

7. AGE: Years 85 | Months 1 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Ohio

FATHER

13. NAME Silas Eddy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Trueax
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Allie Shriver Green City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green City Mo DATE 12-15 1938

19. UNDERTAKER (ADDRESS) Henry E Kent Green City Mo

20. FILED Dec 30 1938 Virginia Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1938, to Dec 14 1938
I last saw him alive on Dec 12 1938. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis and	
Chronic Ulcerative disease of	
the Heart.	

Other contributory causes of importance: 31

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) M Herrington MD, M. D.
(Address) Green City Mo

RECEIVED
District Health Officer No. 10
District File Number 10-38-1066
Date Filed 1/13/35