

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

13489

1. PLACE OF DEATH  
County Scott Registration District No. 819 File No. ....  
Township Murley Primary Registration District No. 6068 Registered No. 819  
City ..... St. .... Ward)

2. FULL NAME John Schrock  
(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 15 yrs. 7 mos. 17 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
74 | 11 - | 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Baltimore Md  
(STATE OR COUNTRY)

10. NAME OF FATHER Anton Schrock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Carolina Reddick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Eck Funke  
(Address) Murley Mo

15. FILED 1/10 19 29 C. E. ...  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March - 11 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-5, 1929, to 3-11, 1929.  
that I last saw h. in alive on 3-11, 1929, and that death occurred, on the date stated above, at 6.00 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumonia  
11/1  
1929

CONTRIBUTORY (SECONDARY) Influenza  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
INDICATE PLACE OF DEATH

19. WAS THERE AN AUTOPSY? NO DATE OF

WHAT TEST CONFIRMED DIAGNOSIS: Clinical Symptoms  
(Signed) C. D. Harris, M. D.  
, 19 (Address) Murley Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
Murley Cemetery

DATE OF BURIAL  
3-13-1929

20. UNDERTAKER  
C. D. Supton

ADDRESS  
Murley

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.

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1  
2  
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LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

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.

1. PLACE OF DEATH  
County Scott File No. ....  
Township MORLEY Primary Registration District No. .... Registered No. ....  
City MORLEY (No. Schrock) St. Schrock Ward. .... (Ward)  
2. FULL NAME JOHN SCHROCK  
(a) Residence No. ....  
(Usual place of abode) St. ....  
Length of residence in city or town where death occurred 15 yrs. mos. — da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-4 MONTHS 1 DAYS 15 II LESS than 1 day, .. hrs. or .. min.

7. AGE 74 YEARS

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work FARMER  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BAKELIMOTE MD.

10. NAME OF FATHER ALTON SCHROCK

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

12. MAIDEN NAME OF MOTHER CAPALINA RUFFERT

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) PROYINCEN NENTODE

14. INFORMANT F. J. FUNK  
(Address) MORLEY MO

15. FILED ..... 19 .. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19 .. ..

17. I HEREBY CERTIFY, That I attended deceased from 19 .. .. to 19 .. .., and that (that I last saw him .. alive on .., 19 .., and that death occurred, on the date stated above, at .., .., ..

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
d

CONTRIBUTORY (SECONDARY) .. (duration) .. yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .. (duration) .. yrs. mos. da.

DID AN OPERATION PRECEDE DEATH? .. DATE OF ..  
WAS THERE AN AUTOPSY? ..  
WHAT TEST CONFIRMED DIAGNOSIS? .. (Signed) .., M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL .. DATE OF BURIAL 19 .. ..

20. UNDERTAKER .. ADDRESS ..