

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

Do not use this space.

1979

1. PLACE OF DEATH

9 County Bellinger Registration District No. 66
 9 Township Lorance Primary Registration District No. 5102B
 City..... (No....., St..... Ward)

2. FULL NAME Albert Schrock 620

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Sophie Schrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 5 22

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

13. NAME Antone Schrock

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Emilie Hopkins
 (ADDRESS) Marble Hill

18. BURIAL, CREMATION, OR REMOVAL*
 PLACE Schrock Cem. DATE Dec. 27 1979

19. UNDERTAKER Baker Funeral Home
 (ADDRESS) Lutesville, Mo.

20. FILED 12-29-1979 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1979

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1979, to 12-26, 1979

I last saw him alive on 12-26, 1979. Death is said to have occurred on the date stated above, at 11:15 am.

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

obstruction of coronary arteries
(angina pectoris) Date of onset 22

RECEIVED

Other contributory causes of importance: gta

FEB 21 1938

Name of operating agency BUREAU OF VITAL STATISTICS Date of.....

What test confirmed diagnosis? MO. STATE BOARD OF HEALTH Was there an autopsy? ye

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) J. P. Reynolds, M. D.
 (Address) St. Louis, Mo.

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.

