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.

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

Do not use this space.

1. PLACE OF DEATH 99
County Scotland — Registration District No. 809 — File No. 42803
Township Harrison — Primary Registration District No. 4487 — Registered No.
City Gorin (No. 2 St. Ward)

2. FULL NAME Azzareal Shriver
(a) Residence. No. Gorin, Mo St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Alice Shriver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	6	4	

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

9. BIRTHPLACE (CITY OR TOWN) Cassville, West VA.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Abe Shriver
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) West Virginia
12. MAIDEN NAME OF MOTHER Mary Riggs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) West Virginia

14. INFORMANT Ema A. Shriver
(Address) Gorin Mo

15. FILED Dec 27 1932 F. M. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26- 1932

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to Dec. 26-, 1932 that I last saw him alive on Dec. 24-, 1932, and that death occurred, on the date stated above, at 8-P.-m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-renal.
Interstitial nephritis & myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93 10
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical & chemical
(Signed) Don Pierce, M. D
12-27, 1932 (Address) Gorin 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethel Cemetery — DATE OF BURIAL Dec-28 1932

20. UNDERTAKER Gerth & Barkett — ADDRESS Gorin, Mo