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

Do not use this space.

MAR 22 1927

PLACE OF DEATH
County: Butler
Township: Beverdam
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 87
Primary Registration District No. 5129

File No. 4083
Registered No. 8

2. FULL NAME: Samuel Shepherd.

(a) Residence. No. ..... St., ... Ward. Harviell Mo
(Usual place of abode) (If inconsiderable 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: 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: Serilda Shephard.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep.t 6 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	4	29	

8. OCCUPATION OF DECEASED: Farmer.
(a) Trade, profession, or particular kind of work .....
(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): Independance Mo.

PARENTS

10. NAME OF FATHER: Henry Shephard.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Francis Blith.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Hiram Shephard.
(Address) Harviell Mo.

15. FILED 3/26 1927 M. M. Lane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 5 " 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on About 5 am, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown. Probablity hart trouble and Paralysis.
He had been complaining of his hart.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 2056
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. J. Frank Coroner M.D.
Feb 5. 1927 (Address) Poplar Bluff 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: Kinzie Cemetery
DATE OF BURIAL: Feb 7 1927

20. UNDERTAKER: J. J. Frank
ADDRESS: Poplar Bluff

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.