

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

Do not use this space.

17531

1928

1. PLACE OF DEATH

County Jasper Registration District No. H17
 Township Joplin Primary Registration District No. 55610
 City 912 Hospital (No.) (St. Ward)

File No.
 Registered No. 61
 St. Ward)

2. FULL NAME

(a) Residence. No. Joplin, Mo. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 0 yrs. 1 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mrs Mary Shepard</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 15 1866</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>1</u>
	DAYS <u>2</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Hiram Shepard</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Sarah Lance</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)	

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1928
 17. I HEREBY CERTIFY That I attended deceased from Apr 12 1928 to May 17 1928
 that I last saw him alive on May 14 1928, and that death occurred, on the date stated above, at 6:20 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Peripneumonitis
Nephritis
Myocardial Degeneration
131 (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 129 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) Jesse E. Daugherty, M.D.
May 7, 1928 (Address) Webb City

*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.

14. INFORMANT (Address) <u>Records</u> <u>212 N. 1st</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Fairview Cem.</u>	DATE OF BURIAL <u>May 21 1928</u>
15. FILED <u>5/21 1928</u> <u>R. M. Stormont</u> REGISTRAR	20. UNDERTAKER <u>Frank Pierce</u>	ADDRESS <u>Joplin Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

JUL 6

