

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

Do not use this space.

32556

1928

1. PLACE OF DEATH

County Jefferson Registration District No. 875
Township Washington Primary Registration District No. 262
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 237

2. FULL NAME

(a) Residence No. State Hospital #3 Ward _____
(Usual place of abode) _____ (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. 19 da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter E. Sheppard
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 / 64
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 8 8

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

9. BIRTHPLACE (CITY OR TOWN) New Castle
(STATE OR COUNTRY) Ind.

PARENTS
10. NAME OF FATHER David Sheppard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Jersey
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Rachel Fisher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.
(STATE OR COUNTRY) _____

14. INFORMANT Wm J. Sheppard
(Address) Springfield Mo

15. FILED 10/9 1928 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1928
17. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1928, to Sept 30, 1928 that I last saw her alive on Sept 28, 1928, and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio sclerosis

97 9/10 (duration) annual yrs. _____ mos. _____ da.
CONTRIBUTOR (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. Dell, M. D.

(Address) Nevada 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 Springfield Mo DATE OF BURIAL Oct 7 - 1928

20. UNDERTAKER Ferry Tamm ADDRESS Hon. Woods 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.

