

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**

County Jackson  
 Township Mean  
 City Kansas City (No. Kansas City Genl Hosp)

Registration District No. **399**  
 Primary Registration District No. **1002**

File No. **1674**  
 Registered No. **265**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Shepherd Joe

(a) Residence. No. 140 E Poplar St. 10 Ward.  
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
49 8 22 -

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Dish washer  
 (b) General nature of industry, business, or establishment in which employed (or employee) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Will Shepherd

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Delia Dugard

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Tennessee

**14.**

INFORMANT Reverend Clerk  
 (Address) K.C. General Hosp.

**15.**

FILED 1-18-29 M. M. Brown  
asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 19 29

17. I HEREBY CERTIFY That I attended deceased from Jan 16 19 29 to Jan 16 19 29  
 that I last saw him alive on Jan 16 19 29, and that death occurred, on the date stated above, at 12:35 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchopneumonia  
107A  
 (duration) yrs. mos. da.  
**CONTRIBUTORY (SECONDARY)** 1000  
 (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? Phys. Findings

(Signed) P. E. Williams M. D.

1-18 19 29 (Address) Subt 72. C Genl Hosp

\*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 DATE OF BURIAL

Leeds 1/21 19 29  
 20. UNDERTAKER O. T. Mast ADDRESS 1916 East 15

