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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 9722434

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Edward I. Shepard,

(a) Residence. No. Buchanan Co. Infirmary St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 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	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1863

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

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) Unknown,
(STATE OR COUNTY) Indiana,

PARENTS

10. NAME OF FATHER Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTY) Unknown,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTY) Unknown,

14. INFORMANT C. C. Lerman
(Address) R.F.D.# 3, St. Joseph, Mo.

15. FILED APR 1 1929 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1929

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1929, to March 29, 1929, that I last saw him alive on March 29, 1929, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Sclerosis (Occlusion)
acute Dilitation of Heart -
(duration) 3 minutes yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis General -
Myocarditis (duration) 6 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? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) H. G. Thompson, M. D.
3/30. 1929 (Address) 825 Charles

*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: St. Jo. Memorial Park Com.
DATE OF BURIAL: Apr 3rd. 1929

20. UNDERTAKER: Hutton-Wyatt-Bowman by J. H. Hayes
ADDRESS: 319 S. 10 St. Funeral Home

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.