JUL 23 1929

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

Do not use this space.

17224

1. PLACE OF DEATH
County Bates
Township Osage
City Rich Hill Mo (No. ..... St. ..... Ward)

Registration District No. 53
Primary Registration District No. 3005

File No. 1
Registered No. 26

2. FULL NAME Wm Sheppard

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

Length of residence in city or town where death occurred 45 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1863-2-25

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	2	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(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) Illinois

PARENTS

10. NAME OF FATHER Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Don't know.
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know. (STATE OR COUNTRY)

14. INFORMANT Mrs Nolia Ellefritz
(Address) Rich Hill Mo.

15. FILED 5/28 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1929

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1929, to May 20, 1929 that I last saw her alive on May 20, 1929, and that death occurred, on the date stated above, at 1048 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Interstitial Nephritis
151.
..... (duration) ? yrs. 8 mos. ..... ds.

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

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? Clinic
(Signed) [signature], M. D.
, 19 (Address) Rich Hill 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 Carbon Center
DATE OF BURIAL 5/23 1929

20. UNDERTAKER Booth & Boughan
ADDRESS Rich Hill Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A 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.