

25 1929

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 Henry

Registration District No. 347

Township

Primary Registration District No. 3018

City Clinton Mo (No.)

File No. 21277
Registered No. 89
St. Ward)

2. FULL NAME

Elizabeth Jane Shepard

(a) Residence. No. South 44 St. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm Shepard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 | 4 | 0 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lebanon
(STATE OR COUNTRY)

10. NAME OF FATHER John Breunig

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Perry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT James Shepard
(Address) Clinton Mo

15. FILED June 22, 1929 Dr. E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 - 1929

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1929, to June 22, 1929.
That I last saw him alive on June 22, 1929 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
arterio Sclerosis

97
CONTRIBUTORY (SECONDARY) 91B

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

9 DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Samuel A. Piquen M. D.
6/29 1929 (Address) Clinton 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 Englewood Clinton DATE OF BURIAL June 23 1929

20. UNDERTAKER Ross son ADDRESS Clinton Mo.

