

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

Do not use this space.

25218

1. PLACE OF DEATH

County Madison
Township Custer
City

Registration District No. 538
Primary Registration District No. 5726

File No.
Registered No.
St. Ward)

2. FULL NAME

John 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Sarah Heste Cook

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 16

8. OCCUPATION OF DECEASED

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jackson
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Paley Sheppard

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

12. MAIDEN NAME OF MOTHER Lynde Ray

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

14. INFORMANT Val Sheppard
(Address) Fredericktown Mo

15. July 31 1924 O. U. Davis REGISTRAR

20 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1924

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1924 to July 21 1924 that I last saw him alive on July 13 1924, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY (SECONDARY) arterio-sclerotic

18. WHERE WAS DISEASE CONTRAINED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

*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 Stevens family DATE OF BURIAL Aug. 1 1924

20. UNDERTAKER Ed. Hebbert ADDRESS Fredericktown Mo

4. 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.

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