

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

Do not use this space.

2135

**1. PLACE OF DEATH**

County Mississippi Registration District No. 566  
Township 1st Primary Registration District No. 5762  
City Charleston No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. ~~2135~~ 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. James Shepherd St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) RDS #4 (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora Mae Shepherd  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 6, 1907  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 23 5 21

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Order for Production Company  
(b) General nature of industry, business, or establishment in which employed (or employer) J. J. McCaughey Construction Co  
(c) Name of employer J. J. McCaughey Construction Co

9. BIRTHPLACE (CITY OR TOWN) Cummins, Tenn (STATE OR COUNTRY) Tenn

10. NAME OF FATHER John Shepherd  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Uniontown, W. Va (STATE OR COUNTRY) W. Va  
12. MAIDEN NAME OF MOTHER Lizzie Griffin  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Uniontown, W. Va (STATE OR COUNTRY) W. Va

14. INFORMANT Mrs. J. E. Shepherd (Address) Charleston, W. Va.

15. FILED Jan 9<sup>th</sup> 31 1931 F. S. Varner REGISTRAR

**MEDICAL CERTIFICATE OF DEATH 9:30 A.M.**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/8 1931  
17. Killed accidentally in drag line  
I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

was accidentally killed in a drag line Locomotive  
was employed in running the  
mechanical pile accidentally with  
the machine and was  
killed once  
(duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Killed once  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 205 F  
IF NOT AT PLACE OF DEATH 205 F  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Chronic Hypertension  
(Signed) Frank S. Varner, M. D.  
, 19\_\_\_\_ (Address) Charleston, W. Va.

\*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 Queen Chapel near Cummins, W. Va. DATE OF BURIAL 1/9 1931

20. UNDERTAKER Laird & Co. Inc. ADDRESS Charleston, W. Va.

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.

REC-20-1931  
1931  
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