

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space  
**8743**

1. PLACE OF DEATH  
 County Jackson Registration District No. 389  
 Township Howe Primary Registration District No. 1008  
 City Kansas City, Mo. No. 1671 Street Truxt St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME Ollie Dimple Shepard  
 (a) Residence, No. 1671 Street Truxt 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.

File No. 1332  
 Registered No. 1332

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 17, 1920</u>		
7. AGE	YEARS <u>12.</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Girl</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Mo.</u>		
FATHER	13. NAME <u>John Shepard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prisco, Okla.</u>	
MOTHER	15. MAIDEN NAME <u>Lucy Shepard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Choctaw, Okla.</u>	
17. INFORMANT <u>Lucy Shepard</u> (ADDRESS) <u>1671 Truxt</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>2-29</u>		
19. UNDERTAKER <u>Wayle Bros.</u> (ADDRESS) <u>1705 Gray</u>		
20. FILED <u>Mar 30</u> <u>1932</u> <u>M. M. Crowe</u> <u>ass</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20th, 1932, to March 21, 1932  
 I last saw her alive on March 20th, 1932. Death is said to have occurred on the date stated above, at 6:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Epilepsy  
85 85  
 Other contributory causes of importance: 0

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Dr. Suggenheimer, M.D.  
 (Signed) \_\_\_\_\_ M. D.  
 (Address) 1516 Truxt, K.C.

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.

