

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

Do not use this space.

12279

1. PLACE OF DEATH
 39 County Juene Registration District No. 318
 3 Township Campbell Primary Registration District No. 2001
 5 City Springfield MO (No. 2124 Juene) St. _____ Ward) _____
 2. FULL NAME Pamyl Gail Shepard
 (a) Residence No. 2124 Juene Ward. _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1931</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>11</u>	<u>15</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Child</u>			
	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>MO</u>				
FATHER	13. NAME <u>O. K. Shepard</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jura.?</u>			
MOTHER	15. MAIDEN NAME <u>Francis Watton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>neb</u>			
17. INFORMANT <u>O. K. Shepard</u> (ADDRESS) <u>124 E. 1st</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Swanholm City</u> DATE <u>4-28</u> 19 <u>32</u>				
19. UNDERTAKER <u>Floyd W. Ed</u> (ADDRESS) <u>629 1/2 W. Walnut</u>				
20. FILED <u>4/28</u> 19 <u>32</u> <u>Don Sharp</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27th 1932

22. I HEREBY CERTIFY That I attended deceased from April 15 3:30 to April 27 1:30
 I last saw him alive on April 27 1932. Death is said to have occurred on the date stated above, at 11:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Brucella pneumonia - Secondary
11A - to attack of the lungs
107A
108C
 Other contributory causes of importance: 11W
Brucellitis
 Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. no
 Manner of injury no
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Don Sharp, M. D.
 (Address) Springfield MO

Date of onset
April 15-32
April 12-32

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.

APR 24 1932

