

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

Do not use this space.

22084

1. PLACE OF DEATH

County Baxter Registration District No. 88
 12 Township Neely Primary Registration District No. 5130
 City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 28

2. FULL NAME

Annie Shepherd
 (a) Residence, No. Neelyville, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leslie Shepherd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 7 1892</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>6</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1932</u>	
11. Total time (years) spent in this occupation <u>20</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linden Tennessee</u>		
FATHER	13. NAME <u>B. A. Berry</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linden Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Virginia Shelton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linden Tennessee</u>	
17. INFORMANT (ADDRESS) <u>R. T. Berry Neelyville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harris Ridge</u> DATE <u>July 12, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Friends & neighbors</u>		
20. FILED <u>July 12, 1932</u> <u>R. L. Turner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to July 11, 1932
 I last saw her alive on July 11, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Puerperal septicemia Date of onset 6-12-32
Pulmonary abscess 7-1-32
 Other contributory causes of importance:
None
 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? No
 If so, specify _____
 (Signed) R. L. Turner, M. D.
 (Address) Neelyville, Mo.

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.

AUG 32 1932

