

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

Do not use this space.

28586

1. PLACE OF DEATH

County Buchanan Registration District No. 86 File No. _____
 Township Washington Primary Registration District No. 1507 Registered No. 73
 City Washington (N. or S.) W. #7 Ward _____

2. FULL NAME

(a) Residence, No. 222 #7 St. Joseph, Mo. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm J. Shepley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1849
 7. AGE YEARS 82 MONTHS 9 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinter, sawyer, bookkeeper, etc. None
 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) New Market Missouri

MOTHER 13. NAME Thomas Stone
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denn Penn

FATHER 15. MAIDEN NAME Sarah Unkenau
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkenau Penn

17. INFORMANT (ADDRESS) Mrs. Alva Day 1814 So. 10th St.

18. BURIAL, CREMATION OR REMOVAL PLACE Washington DATE Sept. 14 1932

19. UNDERTAKER (ADDRESS) E. P. Sidenfelden 1814 So. 10th St.

20. DEATH DATE Sept 13 1932 REGISTRAR J. J. Sauerbeck

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 1-21- 1932, to 9-12- 1932
 I last saw him alive on 9-12, 1932. Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Endocarditis, Cholelithiasis
93 A
1200
 Other contributory causes of importance: Hes. Calculi about Aug 7, 1932

(Name of operation none Date of _____)
 What test confirmed diagnosis? Clinical Was there an autopsy? N

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 _____ (Signed) C. J. Harrison
 (Address) 212 DuPont Ave

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.

OCT 24 1932

