

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

Do not use this space.

*De L...*  
**35444**

**1. PLACE OF DEATH:**

39 County Greene Registration District No. 318  
3 Township ..... Primary Registration District No. 2001  
5 City Springfield (No. 841) Stellen St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 832

**2. FULL NAME**

(a) Residence, No. 841 S. Stellen 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**

**MEDICAL CERTIFICATE OF DEATH**

SEX <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, DIVORCED, OR HUSBAND OF (OR) WIFE OF <u>Anna Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 3-1856</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>00</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. <u>Electrician</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>London</u> <u>Mo</u>		
MOTHER	13. NAME <u>John Sheppard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London</u>	
	15. MAIDEN NAME <u>Anderson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mrs Emma Sheppard</u> (ADDRESS) <u>Springfield Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Paul</u> DATE <u>Nov 30</u> <u>3</u>		
19. UNDERTAKER <u>H. H. Rabney</u> (ADDRESS) <u>Springfield Mo.</u>		
20. FILED <u>11-30-1932</u> <u>Ralph Sanger</u> Registrar		

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1932 to Nov. 29 1932.  
I last saw him alive on Nov. 29 1932. Death is said to have occurred on the date stated above, at 2 p. m.  
The principal cause of death and related causes of importance were as follows:  
Secondary anemia of unknown origin Date of onset 1928  
107A  
71B  
867 107A  
Other contributory causes of importance:  
Senility  
Broncho-pneumonia (D)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. B. Lemmon, M. D.  
(Address) SPRINGFIELD, 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.

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

JAN 9 1933

