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.

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

Do not use this space.

42775

1. PLACE OF DEATH
97 County Saline — Registration District No. 796 — File No.
5 Township — Primary Registration District No. 3038 — Registered No.
7 City Marshall (No. Fitzgibbons Hosp. St. Ward)

2. FULL NAME Leslie Edgar Shepherd.

(a) Residence, No. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1881

7. AGE: YEARS 51 — MONTHS 2 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 32
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) Mendon, Ill.

FATHER
13. NAME B. F. Shepherd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mendon, Ill.

MOTHER
15. MAIDEN NAME Ella Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mendon, Ill.

17. INFORMANT (ADDRESS) Mrs. Emmett Brockman, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE Dec. 18, 1932

19. UNDERTAKER (ADDRESS) Vandiver Mortuary, Marshall, Mo.

20. FILED 12-31-1932 A. E. Putnam, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1932, to Dec. 17, 1932
I last saw him alive on Dec 16, 1932. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
9-1 A	
Chronic Endocarditis (1)	

Other contributory causes of importance:

9-1 A

Name of operation none 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? 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) [signature], M. D.
(Address) Marshall, Mo.