

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.

1624

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. A

Township Kaw

Primary Registration District No. 1002

Registered No. 254

City Kansas City

(No. 4619 Roanoke Parkway)

St. _____ Ward _____

2. FULL NAME Alfred Shepherd

(a) Residence, No. 4519 Roanoke Parkway St. 7 Ward.

(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 Rachel C. Shepherd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smith

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) Ohio

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Miss Maud Shepherd
4619 Roanoke

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton, Ohio DATE Jan. 23, 1933

19. UNDERTAKER (ADDRESS) D. W. Newspapers Sons
2111 East 9th

20. FILED 1-22-33 M. M. Crowe
cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1933 to Jan 21, 1933

last saw him alive on Jan 21, 1933 Death is said

to have occurred on the date stated above, at 4:35 P. M.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage - Jan 14, 1933
arterio sclerosis
arterio sclerosis
arterio sclerosis

Name of operation None Date of _____
What test confirmed diagnosis? Laboratory 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? If so, specify _____

(Signed) D. R. Kelly M. D.
(Address) 720 Arguilla Bldg. Kansas City

Dr. W. C. Willets