

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

Do not use this space.

29694

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1001

City Kansas City

(No. 3801 Leeds Avenue)

File No.

Registered No.

St. 3618 Ward)

2. FULL NAME

James Harvey Shepard

(a) Residence, No. 3801 Leeds Avenue, 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>Male</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>Edna Iola Shpard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jany. 10, 1861</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>8</u>
		DAYS
		<u>2</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>Laborer</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)..... Crawford County
(STATE OR COUNTRY) Missouri

13. NAME Robert Shepard

14. BIRTHPLACE (CITY OR TOWN)..... no information
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Bacon

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

17. INFORMANT Mrs. Edna Iola Shepard
(ADDRESS) 3801 Leeds Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union, Mo DATE 9-12-1933

19. UNDERTAKER Stear & McClure
(ADDRESS) 2235 Gillham Place

20. FILED 9-12-1933 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1933, to 9-11, 1933
I last saw him alive on 9-11, 1933. Death is said to have occurred on the date stated above, at 2:15 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Bronchitis Jan 9-10-33
chronic myocarditis Jan 9-10-33
Other contributory causes of importance: 93c

Name of operation 234 Date of 2-1
What test confirmed diagnosis? Physic signs Was there an autopsy? 2-1

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) W. H. Stables, M. D.
(Address) Raytown, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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 20 1933

