MAY 25 1934

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

Do not use this space.

12780

1521

File No.

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No.

Township Kaw Primary Registration District No. 1

City Kansas City, Mo. (No. 2626 E. 7th St. Ward)

2. FULL NAME Samuel Miles Shepard

(a) Residence, No. 2626 E 7th St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
88	4	6	

OCCUPATION

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

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) Indiana

FATHER

13. NAME John J. Shepard

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

MOTHER

15. MAIDEN NAME Sarah Minkler

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

17. INFORMANT (ADDRESS) C. L. Shepard, 200 W Armour, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE April 3- 34

19. UNDERTAKER (ADDRESS) C.H.Blackman & Son 2825 Indep. Blvd. K.C.Mo.

20. FILED 4-3, 1934 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1-34, 19

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934 to April 1-34, 19

I last saw him alive on March 31st, 1934 Death is said to have occurred on the date stated above, at 9 AM m.

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

	Date of onset
Coronary Thrombosis	3-30-34
CRB	
16a	

Other contributory causes of importance:

Diuretics

Name of operation + Date of X

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. L. Robinson, M. D.

(Address)

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