

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

Do not use this space.

28058

1. PLACE OF DEATH

188 County Vernon Registration District No. 825
Township Washburn Primary Registration District No. 8162
City Merade (No. _____) St. _____ Ward _____

File No. 127
Registered No. _____

2. FULL NAME

Lora Shepley
(a) Residence, No. St. Hwy # 13 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 48 10 10

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

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 John Wether spore

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Haywood (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Hospital DATE July 5 1934

19. UNDERTAKER Erlich's Funeral Home (ADDRESS) Merade, Mo.

20. FILED July 4 1934 A. M. Dumm Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1928, to July 4, 1934
I last saw her alive on July 4, 1934. Death is said to have occurred on the date stated above, at 10:20 A.M.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset 7/2/34
Chronic myocardial
General degeneration of the brain

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Chival 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? _____
If so, specify _____
(Signed) F. L. Martine, M. D.
(Address) Merade

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.

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Edo Thompson & Co
London W.C. 2