

JUN 24 1935
 3737

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

Do not use this space.

16365

1852

1. PLACE OF DEATH

County Lawson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City Lawson (No. Menorah Hoop) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Lawson, Mo.
 (Usual place of abode)
 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875

7. AGE YEARS 60 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. _____ min.

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

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) Mo

FATHER 13. NAME John Sheppard

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

MOTHER 15. MAIDEN NAME Elizabeth Neave

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

17. INFORMANT (ADDRESS) John Sheppard

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson DATE May 25 1935

19. UNDERTAKER (ADDRESS) W. M. Ward

20. FILED 5-1-35 M. M. Crowder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 1935 to May 1 1935
 I last saw h. we alive on April 30 1935 Death is said to have occurred on the date stated above, at 12:40 A.M.
 The principal cause of death and related causes of importance were as follows:

<u>Pneumonia</u>	<u>5 days</u>
<u>Secondary anemia</u>	<u>6 mo.</u>

Other contributory causes of importance: _____

Name of operation Tracheostomy Date of Apr 30-35
 What test confirmed diagnosis Physical 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? No
 If so, specify _____

(Signed) A. Warren Gunther M. D.
 (Address) 7th Arty. Co. Bst.

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.

