McCaulley

AUG 13 1935

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

Do not use this space.

22271

File No.

Registered No. 121

1. PLACE OF DEATH

County Butler — Registration District No. 89

Township — Primary Registration District No. 3007

City Poplar Bluff, Mo. (No. Poplar Bluff Hospital St. Ward)

2. FULL NAME Jean Shepard

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1935

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

OCCUPATION

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

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) Poplar Bluff, Missouri

FATHER

13. NAME Chad Shepard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Missouri

MOTHER

15. MAIDEN NAME Alice Sickinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois

17. INFORMANT (ADDRESS) Chad Shepard 14 S. Sarah St St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff? Mo DATE July 10 35 Woodlawn Cem

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.

20. FILED 7/10 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935 to July 6, 1935

I last saw him alive on July 5, 1935. Death is said to have occurred on the date stated above, at 8:30A m.

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

Premature 5½-6 months

Date of onset

Other contributory causes of importance: none

Name of operation — Date of

What test confirmed diagnosis? — 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) B J McCauley, M. D.

(Address) Poplar Bluff 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.