

1067 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County Green Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield Mo No. 1111 W. Division St.

File No. 29289
Registered No. 473
St. _____ Ward _____

2. FULL NAME

Ms May Shepherd at 628 W Division St.
(a) Residence, No. Willard, Mo, 1111 St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 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 John E Shepherd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home mother
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) Stiffwell Oklahoma

13. NAME Isaac Longwith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown East Tennessee

15. MAIDEN NAME Angelina L Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown West Tennessee

17. INFORMANT John E Shepherd
(ADDRESS) Willard Mo rd 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Robberson Prairie DATE Oct 1, 1935

19. UNDERTAKER F. C. Philome
(ADDRESS) Springfield Mo.

20. FILED 10-1, 1935 R. W. Langston Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug 12 - 1935 to 9-28-1935.
I last saw her alive on 9-22-1935. Death is said to have occurred on the date stated above, at 2:10 m.
The principal cause of death and related causes of importance were as follows:

Cancer of Left Breast and Axillary Glands
Infiltration of Lung
Other contributor causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) W. Kelly, M. D.
(Address) Springfield Mo

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 OMPADING INK—THIS IS A PERMANENT RECORD

