

SEP 29 1936

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

Do not use this space.

32125

1. PLACE OF DEATH

County St. Clair Co
Township Jackson
City Louis City (No.)

Registration District No. 1037
Primary Registration District No. 60131

File No.
Registered No.
St. Ward)

2. FULL NAME

Harriet Anna Shepherd

(a) Residence, No. Louis City, Mo. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24-36

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

22. I HEREBY CERTIFY, That I attended deceased from 6-24-36, 1936, to 8-24-36, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-12-1875

I last saw h. or alive on 7-11-36, 1936 Death is said to have occurred on the date stated above, at 7:10 PM

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 60 6 12

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

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. Life

Carcinoma of Stomach
Date of onset
Other contributory causes of importance: 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

13. NAME Merritt Show

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Kavanaugh

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Robert Shepherd (ADDRESS)

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 8-25-36

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

19. UNDERTAKER Fred Walker (ADDRESS) Clinton Mo

(Signed) W. H. Hudson M. D.
(Address) Appleton City, Mo

20. FILED 9-9-36 1936 W. H. Hudson Registrar.

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.

