

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.

APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Sisters Hospital)

File No. 47874
Registered No. 429
St. _____ Ward _____

2. FULL NAME Baby Shepherd

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 19, 1936</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day 0 hrs. or 0 min.
	<u>0</u>	<u>0</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>			
	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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Missouri</u>			
	13. NAME <u>Arch Shepherd</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>De Kalb Co. Missouri</u>			
	15. MAIDEN NAME <u>Esther Batchelor</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kansas</u>			
	17. INFORMANT <u>Arch Shepherd</u> (ADDRESS) <u>609 E. Colo Ave.</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem.</u> DATE <u>March 23, 1936</u>			
19. UNDERTAKER <u>Clark Mortuary</u> (ADDRESS) <u>5025 King Hill Av</u>				
20. FILED <u>3-23-1936</u> <u>John R. Bender</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 A. m.

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

Miscarriage of 4 mo. gestation. Abruptio placentae Date of onset 3/15/36

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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? Yes
If so, specify _____
(Signed) Ed Grant, M. D.
(Address) St. Joseph, Mo.

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