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.

MAY 20 1936

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin
Township
City Campbell (No. , St. Ward)
Registration District No. 282
Primary Registration District No. 4166
File No. 48086
Registered No. 21

2. FULL NAME Unnamed
(a) Residence, No. St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14th
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, — hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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 Fuller Shepard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell Mo.

MOTHER
15. MAIDEN NAME Mollie McFarland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mother
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Gilead DATE April 15th 1936
19. UNDERTAKER (ADDRESS) Landess Funeral Home Campbell Mo
20. FILED 4/14 1936 Ew Landess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th 1936
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936, to April 14, 1936
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Stillborn
Cerebral Hemorrhage
Date of onset
Other contributory causes of importance:
Name of operation None Date of
What test confirmed diagnosis? No 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) M. L. Cone, M. D.
(Address) Campbell Mo