

MAR 23 1937

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

Do not use this space.

7432

1. PLACE OF DEATH

County Newton  
Township Dayton  
City          (No.          St.          Ward         )

Registration District No. 611  
Primary Registration District No. 5815

File No.           
Registered No.         

2. FULL NAME Marion Francis Shepherd

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Shepherd</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5 1868</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>1</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	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)	

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

13. NAME John Shepherd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Sarah Shepherd  
Waco Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waco Mo DATE 1-8 No. 37

19. UNDERTAKER (ADDRESS) Waco Mo

20. FILED Mar. 1 1937 Merle Sparks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1866 to 1-7 1937

I last saw him alive on 1-6 1937 Death is said to have occurred on the date stated above, at 5:40 A.M.

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

Permie Myocarditis Date of onset

Other contributory causes of importance: 93C

Name of operation none 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

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 none

Nature of injury

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

If so, specify

(Signed) W.C. Bassard M. D.

(Address) Waco 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.

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