

APR 23 1937

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

Do not use this space.

12963

## 1. PLACE OF DEATH

County

Pettis

Registration District No.

668

File No.

99

Township

Secalia

Primary Registration District No.

3032

Registered No.

668

City

(No.)

1309 W. Main

St.

## 2. FULL NAME

Lydia Bell Shepard

(a) Residence, No.

1309 W. Main

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)

Widow

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

C. E. Shepard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 29 - 1874

7. AGE

YEARS

62

MONTHS

4

DAYS

5

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

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)

Missouri

FATHER

13. NAME

James Gault

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

Missouri

MOTHER

15. MAIDEN NAME

Nancy Ellen Martin

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

Do not know

17. INFORMANT (ADDRESS)

L. E. Shepard  
Secalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ruelan

DATE

3-27-37

19. UNDERTAKER (ADDRESS)

McLaughlin Bros  
Secalia

20. FILED

3-27-1937

Jean Black  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Mar 24 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1926, to March 29, 1937

I last saw her alive on

Mar. 23, 1937

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:

Chronic myocarditis

Date of onset  
Jan 1937

Other contributory causes of importance:

Chronic Bronchitis

As seen  
1/20/37

Name of operation

None

Date of

None

What test confirmed diagnosis? Cholesterol. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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)

Chas. H. King

M. D.

(Address)

2101 1st St

