

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

Do not use this space.

17841

**1. PLACE OF DEATH**

County Monroe Registration District No. 875

Township \_\_\_\_\_ Primary Registration District No. 3039

City Nevada (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Elizabeth Shepard

(a) Residence, No. 11016 Commerce St. 5 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-24-1852

7. AGE YEARS 85 MONTHS 5 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) not known N. Carolina

13. NAME Wamaal Randle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known N. Carolina

15. MAIDEN NAME Sarah Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known N. Carolina

17. INFORMANT Alexandria Shepard (ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Nevada Cemeter DATE May 1 1937

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada Mo

20. FILED 5-3 1937 M. Archinger Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1937

22. I HEREBY CERTIFY, that I attended deceased from Feb 22 1937, to April 29 1937

I last saw her alive on April 29 1937. Death is said to have occurred on the date stated above, at 3 P. m.

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

Cerebral Hemorrhage Date of onset 2/22 1937

Other contributory causes of importance: Advanced age.

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Exam 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) J. W. Love, M. D. (Address) Nevada, 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.

MAY 31 1937

