

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.

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

Do not use this space.

246 JUN 17 1937

10515

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph (No. State Hospital # 2)

File No. _____
Registered No. 607
St. _____ Ward _____

2. FULL NAME

William Shepherd
(a) Residence, No. Hausen City Mo St. _____ Ward 1
(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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 10 - 1902</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>2</u>
	DAYS <u>12</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>nil</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1937
22. I HEREBY CERTIFY, That I visited ~~resided~~ from May 22 1937 to May 22 1937
I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

Suicide By drinking
Exal
1/2
Date of onset 5/22/37

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis: clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 5/22, 1937
Where did injury occur? St. Joseph Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Asylum Mo.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) B. W. Tullock - Coroner M. D.
(Address) St. Joseph Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>William C Shepherd</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	15. MAIDEN NAME <u>Helen Ocker</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT <u>Mrs Helen Shepherd</u> (ADDRESS) <u>Kansas City Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salvatory Cemetery</u> DATE <u>May 24 1937</u>
	19. UNDERTAKER <u>J. Dittler & Son</u> (ADDRESS) <u>Kansas City Mo</u>
	20. FILED <u>May 31 1937</u> <u>H. J. Nestlebusch</u> Registrar.

7th of Slovenia