

76 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City KIRKWOOD (No. SARATOGA)

Registration District No. 785
Primary Registration District No. 6031

File No. 24818
Registered No. 74
St. _____ Ward _____

2. FULL NAME JANE SHEPHARD

(a) Residence, No. SARATOGA St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>NEGRO</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>WILLIAM JOHN SHEPHARD</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT 16 1881</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>9</u>
	DAYS <u>18</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>DOMESTIC</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>AT HOME</u>	
	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) JUNE 4 1937

22. I HEREBY CERTIFY, That I attended deceased from MAY 2 1937 to JUNE 4 1937
I last saw her alive on JUNE 4 1937. Death is said to have occurred on the date stated above, at 7:25 P.M.
The principal cause of death and related causes of importance were as follows:

Cardiomyopathy
High Blood Pressure
Date of onset _____

Other contributory causes of importance _____
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? None 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 a public place. None
Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. C. Darnley M. D.
(Address) 13 E. Franklin Ave

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KRACKOW MD.</u>
	13. NAME <u>ELIC BUTLER</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SO. CAROLINA</u>
	15. MAIDEN NAME <u>MARIA GREGORY</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KRACKOW MO</u>
	17. INFORMANT (ADDRESS) <u>Cary Harden 3442 LA CLUDE ST. ST. LOUIS MO</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FATHER DICKSON</u> DATE <u>6/8 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Peoples Mutual Burial League 2100 FRANKLIN ST. LOUIS MO</u>	
20. FILED <u>6-8 1937</u> <u>Agnes Kelly</u> Registrar	

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.

