

SEP 16 1937

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

Do not use this space.

30538

1. PLACE OF DEATH

County Dallas Registration District No. 241
Township S. Benton Primary Registration District No. 5334
City Edwards (No. 1) St. _____ (Ward) _____

File No. _____
Registered No. 1162

2. FULL NAME

Geo. E. Sheppard
(a) Residence, No. _____ 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 m 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 Rosa E. Sheppard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-1870

7. AGE YEARS 67 MONTHS 6 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Robt. Sheppard

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

15. MAIDEN NAME Eliza M. Withers

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

17. INFORMANT Rosa E. Sheppard (ADDRESS) Edwards

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm Pleasant DATE 8-31-37

19. UNDERTAKER H. B. Young (ADDRESS) Buffalo Mo.

20. FILED 9/10 1937 Hannay Morrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-25-1937 to 8-30-1937

I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 5 a

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

Broncho-Pneumonia
Chronic Myocarditis

Other contributory causes of importance: AS

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? If so, specify _____
(Signed) Oliver J. Harmon, M. D.
(Address) Buffalo 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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