

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

Do not use this space.

DEC 20 1937

1. PLACE OF DEATH

County Washington

Registration District No. 1121

Township Wattson

Primary Registration District No. 5-5-16

City (No. _____ St. _____ Ward _____)

2. FULL NAME

Stillborn Shepherd

(a) Residence, No. _____ 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

0 0 0

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

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) Rush Run Mo.

FATHER 13. NAME Thos. Shepherd

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

MOTHER 15. MAIDEN NAME Stacy Selma

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

17. INFORMANT (ADDRESS) Thos Shepherd

18. BURIAL, CREMATION, OR REMOVAL PLACE Goodland DATE 11/6 1937

19. UNDERTAKER (ADDRESS) Grubbs Co.

20. FILED 11/6 1937 J E Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from

Born Inaunnick 19... 19... I last saw h. ... alive on ... 19... Death is said

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

Premature Infant male child

Other contributory causes of importance: 159

Name of operation _____ Date of _____

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) W. H. Kassis M. D. (Address) Totes 74-99

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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