Harwell

REC'D MAR 15 1938

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

Do not use this space.

2

1. PLACE OF DEATH

12 County Butler 1 Registration District No. 88 File No. 6202

Township Neelyville Primary Registration District No. 5130 Registered No. 6.

City (No. 3½ miles S.W. of Harwell, Mo. St. Ward)

2. FULL NAME William John Shepherd 163

(a) Residence, No. 3½ miles S.W. of Harwell, St. Mo. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 11, 1938

7. AGE: YEARS 0 MONTHS 0 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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): Neelyville Missouri 0

FATHER

13. NAME: John Shepherd 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Doniphan Missouri 1

MOTHER

15. MAIDEN NAME: Mamie Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Corning Arkansas

17. INFORMANT (ADDRESS): John Shepherd Neelyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Kinzie Cemetery
PLACE Butler Co., Mo. DATE 2/19 1938

19. UNDERTAKER (ADDRESS): Frank Und. Co. Poplar Bluff, Missouri

20. FILED Feb 20 1938 R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-11-, 1938, to 2-18-, 1938

I last saw him alive on 2-11-, 1938. Death is said to have occurred on the date stated above, at 12:00 Noon m.

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

Enteritis, acute — Date of onset 2-16-38

119B-

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Clinical 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) F. G. Bond, M. D.

(Address) Poplar Bluff, 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.