

REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
 48 County Jackson Registration District No. 400
 7 Township Lee's Summit Primary Registration District No. 4235
 (No. Residence) St. Lee's Summit Ward 163
 2. FULL NAME Frances Sheppard
 (a) Residence, No. Lee's Summit St. Lee's Summit Ward 163
 (Usual place of abode)
 Length of residence in city or town where death occurred 43 yrs. — mos. — ds. — How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 10976
 Registered No. 53
 St. Lee's Summit Ward 163

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Harry Sheppard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-12-1894</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>5</u>	DAYS <u>00</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house keeper</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lee's Summit Mo.</u>		
13. NAME <u>Chas. Petts</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Deroby Eng.</u>		
15. MAIDEN NAME <u>Virginia P. Robinson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lansing Kans.</u>		
17. INFORMANT (ADDRESS) <u>Harry Sheppard Lee's Summit Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Lee's Summit Mo. 3-15-1938</u>		
19. UNDERTAKER (ADDRESS) <u>Fields James Lee's Summit Mo.</u>		
20. FILED <u>3-14-1938</u> <u>William J. Fields</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-1938

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1937, to 3-12, 1938
 I last saw him alive on 3-12, 1938. Death is said to have occurred on the date stated above, at 11:00 m.
 The principal cause of death and related causes of importance were as follows:
Acute Dilatation of heart Date of onset 11:00
 Other contributor cause of importance Birth of the 16 baby

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) [Signature] M. D.
 (Address) Lee's Summit Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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