REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No. 18026
Township ~~Fishing River~~ — Primary Registration District No. 3011 — Registered No. 73
City Excelsior Spgs. Mo. (No. Veterans Administration Facility St. Ward)

2. FULL NAME Billie A. Shepherd 163
(a) Residence, No. Veterans Administration Facility, Excelsior Springs, Mo. R#2, Smithville Mo.
(Usual place of abode) St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 26 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): May 12, 1890
7. AGE: YEARS 48 — MONTHS 0 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Unknown
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Smithville, Mo. Missouri 0

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

MOTHER
15. MAIDEN NAME: Harriet Bryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Hospital Records
18. BURIAL, ~~CREMATION, OR REMOVAL~~ --
PLACE Smithville, Mo. DATE May 30, 1938
19. UNDERTAKER (ADDRESS): Prather Undertaking Co. Excelsior Springs, Mo.
20. FILED May 31 1938 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 4, 1938 to May 29, 1938
I last saw him alive on May 29, 1938 Death is said to have occurred on the date stated above, at 10:25 PM
The principal cause of death and related causes of importance were as follows:

Multiple Fractures, legs and spine

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Other contributory causes of importance: Internal injuries, undetermined

Date of onset

Name of operation: None at this hospital Date of
What test confirmed diagnosis? Exam.- physical and xray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Apr. 28 1938
Where did injury occur? Kansas City, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury: Jumped from viaduct-Main St.
Nature of injury: Multiple fractures legs and spine-internal injuries,
24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) E. K. MOORE, MD., M. D.
180 (Address) Clinical Director, Veterans Administration Facility, Excelsior Springs, Mo.

J.J.H.

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.