

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 19 1938

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

Do not use this space.

29751

1. PLACE OF DEATH

County Prine Registration District No. 689 File No. _____
Township Buffalo Primary Registration District No. 3033 Registered No. _____
City Merriam (No. Merriam Springs Sanatorium St. _____ Ward _____)

2. FULL NAME

Nancy Patricia Shepard
(a) Residence, No. _____ St. _____ Ward New Hartford
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25-38</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>X</u>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lansiana, La</u>		
13. NAME <u>Rupert Shepard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prine, Mo</u>		
15. MAIDEN NAME <u>Lucile Riley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prine, Mo</u>		
17. INFORMANT (ADDRESS) <u>Rupert Shepard, New Hartford, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Aug 26 at Westprine, Mo</u>		
19. UNDERTAKER (ADDRESS) <u>Jones & Wells, Middletown, Mo</u>		
20. FILED <u>Aug 25 1938</u> <u>Chas. J. Haery</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Still born.
Date of onset _____

Other contributory causes of importance:
Asphyxiation

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

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) D. S. R. Kelly, M.D.
(Address) Merriam, Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-82

Date Filed 9-15-38

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2