

REC'D APR 11 1939

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

10179

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. 916 Registered No. 337  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

George William Shepherd  
 (a) Residence, No. 916 Corby St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
57 4 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Pharmacist  
 9. Industry or business in which work was done, as 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) King City Missouri.

FATHER 13. NAME John G. Shepherd  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

MOTHER 15. MAIDEN NAME Ester Purveyance  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT Mrs. Mabel Shepherd  
(ADDRESS) 916 Corby St. St. Jos. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Mar. 31 - 193919. FUNERAL DIRECTOR Walter Mererhoffer  
(ADDRESS) 1302 Faraon St., St. Jos. Mo.20. FILED March 30 1939 H. J. Nestle  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1939, to March 29, 1939  
 I last saw him alive on Mar 28, 1939. Death is said to have occurred on the date stated above, at 1:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Secondary acute Myocarditis

Other contributory causes of importance:

Influenza

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) William A. Robertson, M. D.  
 (Address) 6210 1/2 King Hill, St. Jos. Mo.

Date of onset about Mar 20 1939

about Mar 10 1939

Bill - 2.5331

STATEMENT BY LICENSED EMBALMER

I, Wilbur H. Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*W. H. Kelly*

Licensed Embalmer No. Mo. 3946

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**