REC'D MAY 18 1939

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

Do not use this space.

14717

1. PLACE OF DEATH
County Dade — Registration District No. 236
Township — Primary Registration District No. 4143
City Everton Mo (No. ... St. ... Ward)

File No.
Registered No.

2. FULL NAME Pierce E Shepherd
(a) Residence, No. 163 Chicago St., ... 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ann Shepherd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865
7. AGE YEARS 74 MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ills Cimber RR
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Co

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

FATHER
13. NAME John E Shepherd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

MOTHER
15. MAIDEN NAME Eliza J Eglen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Paul H Shepherd Mountain Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hayes Ave Mo DATE Apr 14 1939

19. UNDERTAKER (ADDRESS) Traodon Mendenhall Ash Grove Mo

20. FILED Apr 13 1939 Mrs A. N. Stapp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1939, to Apr 12, 1939
I last saw h.m.a. alive on Apr 12, 1939. Death is said to have occurred on the date stated above, at 7:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1934
97	

Other contributory causes of importance: A. Dementia

Name of operation None 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) W R Riley M.D.
(Address) Everton 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.

RECEIVED
District Health Officer No. 6,
District File Number 6-5-39-935
Date Filed MAY 1 - 1939