

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

Do not use this space.

FILED FEB 15 1940

**1. PLACE OF DEATH**

County Montgomery

Registration District No. 591

Township Prairie

Primary Registration District No. 4249

City Middletown

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 3136

Registered No. 1

**2. FULL NAME** Rebecca Ann Shepard

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John William Shepard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 9 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Ohio

13. NAME Madison Addis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Yoho

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Fred Shepard  
Middletown, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE West Prairie DATE 1/31/40

19. UNDERTAKER (ADDRESS) Jones & Wells  
Middletown, Missouri

20. FILED 1/31 1940 Reah R. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1940 to Jan. 30, 1940

I last saw her alive on Jan. 30, 1940 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Cardio-vascular renal disease  
asthma  
senility  
deep cold

Date of onset

Other contributory causes of importance:  
deep cold

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) Dr. H. R. Teters, D.O., M.D.  
521 (Address) Middletown, 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.

STATE OF MISSOURI

Statement by Licensed Embalmer

I hereby certify that the whose name is recorded on the reverse side of this certificate was embalmed by me or by

~~3322~~----- Registered Apprentice, No-----  
~~2777~~

Signed W. B. Miller

Licensed Embalmer, No 1588

P. O. Address Belleville Mo

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