SEP 28 1927

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

Do not use this space.

24711

1. PLACE OF DEATH

County Johnson.

Township ~~Warrensburg~~.

City Warrensburg ~~[illegible]~~ (No. ....., ... St. ..... Ward)

Registration District No. 431

Primary Registration District No. 3023

File No. .....

Registered No. .....

2. FULL NAME James P. B. Sheperd.

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 46. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Dora Bell Sheperd.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20, 1849.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~87~~ 77	8	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Overton Co. Tenn.

PARENTS

10. NAME OF FATHER George W. Sheperd.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Elizabeth Taylor.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

14. INFORMANT J. W. Sheperd.
(Address) R.#3. Warrensburg. Mo.

15. FILED Aug 26, 1927 [signature] R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 24, 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1926, to Aug. 24, 1927 that I last saw him alive on Aug. 24, 1927, and that death occurred, on the date stated above, at 4:15 P. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of the right Inferior Maxilla

45D

162

about (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH? —

( ) DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) John A. Powers, M. D.

, 19 (Address) Warrensburg, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Liberty Cemetery.	Aug. 26, 1927.

20. UNDERTAKER	ADDRESS
R Q. Phillips	Warrensburg. 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.