

Do not use this space.

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

NOV 21 1928

35180

1. PLACE OF DEATH
 County DeKalb Registration District No. 964
 Township Shepherd Primary Registration District No. 5367
 City King City Mo St. _____ Ward _____

2. FULL NAME Wafat Shepherd
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) King City Mo
 Length of residence in city or town where death occurred Life - mos. _____ ds. _____
 How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

File No. _____
 Registered No. _____

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 Caroline Shepherd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 1852

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
76 | 4 | 20

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) Andrew
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Jacob Shepherd

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

12. MAIDEN NAME OF MOTHER Caroline Corral

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

14. INFORMANT Jackson Shepherd
 (Address) King City Mo

15. FILED Oct 30 1928 Mrs. Katherine S. King
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 1928 to Sept 6 1928 that I last saw him alive on Sept 9 20 p. 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
41-13
Carcinoma of stomach

(duration) one yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. H. Hurst M.D.
 , 1928 (Address) King City 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 Union Chapel DATE OF BURIAL Oct 25 1928

20. UNDERTAKER R. H. Jaggard ADDRESS King City Mo

WRITE PLAINLY, WITH UNFADING INK... THIS IS A PERMANENT RECORD

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.

