

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

Do not use this space.

19421

1. PLACE OF DEATH

County Jackson
Township Ross
City N. C. Mo. (No. 4123 Woodland)

Registration District No. 399
Primary Registration District No. 100

File No. _____
Registered No. 2410
St. _____ Ward _____

2. FULL NAME

Agnes Shepley
(a) Residence No. 4123 Woodland St. 15 Ward _____

(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 Fl 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. R. Spensley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-25-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Clawa

10. NAME OF FATHER no Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no Record

12. MAIDEN NAME OF MOTHER no Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no Record

14. INFORMANT R. R. Spensley
(Address) 4123 Woodland

15. FILED 6/9 1930 M. M. Crowe REGISTRAR
usr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-8-1930

17. I HEREBY CERTIFY, That I attended deceased from 6/8 1930, to 6/8 1930.
that I last saw h. alive on 6/8 1930, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
10⁰ (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) High blood pressure
Don't know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 4123 Woodland

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
6/8 (Signed) Johan McDowell M. D.
6/8 1930 (Address) 3704 Euclid

*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 Forest Hill DATE OF BURIAL 6-11-1930

20. UNDERTAKER Ms. C. J. Foster ADDRESS N. C. 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.

