

SEP 26 1930

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

Do not use this space.

1. PLACE OF DEATH

County Reas
Township Super
City (No. _____)

Registration District No. 912
Primary Registration District No. 5960 B

File No. 27628
Registered No. 37
St. _____ Ward _____

2. FULL NAME Henry S. Shepard

(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 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) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Flossie Shepard, 1879

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 | 1 | 12 | _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Elisha Shepard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not obtainable
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebeck Elmer

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

14. INFORMANT W. H. D. Shepard
(Address) Andalusia, Mo

15. FILED 9/5 1930 Mollie Ferguson
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide, by pistol shot thru
into right temple

167 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 170 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TESTS WERE MADE DIAGNOSTICALLY?
W. H. D. Shepard, Coroner Reids
(Signed) _____, 19____ (Address) Center, 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 Vandalia Cemetery DATE OF BURIAL ay 31 1930

20. UNDERTAKER W. S. Waters ADDRESS Vandalia

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

