

OCT 17 1934

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

Do not use this space.

35637

1. PLACE OF DEATH

County *Wheeler*
Township *Adams*
City (No.) St. Ward)

Registration District No. *263*
Primary Registration District No. *5365*

File No. *20203 8*
Registered No. *12310 8*

2. FULL NAME

Samuel W. Shepherd

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Bertie Shepherd*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 30-1883*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *51 0 8*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *farm work*
10. Date deceased last worked at this occupation (month and year) *Oct 9-1934* 11. Total time (years) spent in this occupation *2 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *mo*

13. NAME *Wyatt Shepherd*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Caroline Corroll*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *George Shepherd mo*

18. BURIAL, CREMATION, OR REMOVAL *maison chapel DATE 10/10 1934*

19. UNDERTAKER (ADDRESS) *A. G. Leckie mo*

20. FILED *Oct 10 1934 James Fitzgerald Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 9th 1934*

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at *2*.....m.

The principal cause of death and related causes of importance were as follows:

Called as coroner after death. Unavoidable as coroner caused by help looking control of his auto.

Other contributory causes of importance:

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? *Accident* Date of injury *Oct 9 1934*

Where did injury occur? *left highway turning over car.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Public place*

Manner of injury *in commission*

Nature of injury *broken neck*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify.....

(Signed) *L. E. Saunders*

(Address) *Stewartville mo*

Coroner Wheeler Co. 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.

