

AUG 27 1935

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

Do not use this space.

22904 ✓

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township IndependencePrimary Registration District No. 3019City Independence (No. _____)

File No. _____

Registered No. 221

St. _____ Ward _____

2. FULL NAME Florence R. Shepherd(a) Residence, No. 820 N. Main 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward W. Shepherd6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 - 18537. AGE YEARS 81 MONTHS 11 DAYS 10 IF LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County Mo.13. NAME Jesse L. Tedford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Tenn.15. MAIDEN NAME Ann Cunningham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Tenn.17. INFORMANT C. T. Shepherd (ADDRESS) 1702 Arlington18. BURIAL, CREMATION, OR REMOVAL PLACE R. C. Cem. Mo. DATE July 13, 193519. UNDERTAKER O. H. Mitchell (ADDRESS) Independence Mo.20. FILED 7-13-35 J. L. Cawth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 193522. I HEREBY CERTIFY That I attended deceased from July 1, 1935, to July 10, 1935I last saw her alive on July 10, 1935 Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Broncho PneumoniaOther contributory causes of importance: fracture of the neck of the right femur July 1st, 1930Name of operation no. Date of _____What test confirmed diagnosis? ch. Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: accident Date of injury July 1, 1930Where did injury occur? in her home - hall (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. in her homeManner of injury fell standing by the bedNature of injury fract. neck right femur24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. H. Allen, M. D.(Address) Independence 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.

