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.

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

EXT APR 11 1939

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

Do not use this space.

10587

1. PLACE OF DEATH
County: Cole
Township: [redacted]
City: Russellville (No. 163, St., Ward)
Registration District No.: 214
Primary Registration District No.: 4130
File No.:
Registered No.: 7

2. FULL NAME: Charles E. Shepherd

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

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 Mrs Elizabeth Shepherd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 23, 1880

7. AGE: Years 58 | Months 4 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plaster
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): Russellville, Mo

FATHER
13. NAME: William Shepherd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER
15. MAIDEN NAME: Julie E. North
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Chas. Shepherd

18. BURIAL, CREMATION, OR REMOVAL
Enloe Cem. Russellville Mo. 3/25/38

19. UNDERTAKER (ADDRESS): Hugo. H. Schubert, Russellville, Mo.

20. FILED 3/25 1939 Mrs. Mabel Barbour, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 7, 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1939, to Mar. 23, 1939
I last saw him alive on Mar. 23, 1939. Death is said to have occurred on the date stated above, at 9:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Mar. 7 1939

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? ..... Date of injury ....., 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Walter L. Leslie M. D.
(Address) Russellville Mo