

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

PLACE OF DEATH  
County Linn

Township \_\_\_\_\_

or  
Village \_\_\_\_\_

or  
City Meadville (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 503

File No. 25203

Primary Registration District No. 4306

Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME John Davis Shepherd

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Aug 11, 1915  
(Month) (Day) (Year)

DATE OF BIRTH Feb 11<sup>th</sup>, 1848  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 15, 1915, to Aug 11, 1915, that I last saw him alive on Aug 11, 1915, and that death occurred, on the date stated above, at 11:00 a.m.

AGE 67 yrs. 6 mos. 0 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Paralysis agitans with Senile Dementia.

OCCUPATION (a) Trade, profession, or particular kind of work Physician genl  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Frostburg Md

NAME OF FATHER Bayless D. Shepherd

BIRTHPLACE OF FATHER (City or town, State or foreign country) Winchester Va

MAIDEN NAME OF MOTHER Rachel H Miller

BIRTHPLACE OF MOTHER (City or town, State or foreign country) London Co. Va

(Duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Chronic alcoholism (SECONDARY) or mor.  
(Duration) 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) M. L. Clint M. D.  
Aug 15, 1915 (Address) Meadville, Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS):

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs J D Shepherd  
(ADDRESS) Meadville Mo

PLACE OF BURIAL OR REMOVAL Meadville Cemetery DATE OF BURIAL Aug 16, 1915

UNDERTAKER W B Egan ADDRESS Meadville Mo

Filled Aug 15, 1915. M. L. Clint REGISTRAR

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.

