

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

32558

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 175

File No. 464

Township 2

Primary Registration District No. 3009

Registered No. _____

City 2

(No. _____)

St. _____

Ward _____

2. FULL NAME

Edward J. Sheppeman

(a) Residence, No. Cape Girardeau, 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Married

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

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

Oct 24 - 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

50

0

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Cape Girardeau

(STATE OR COUNTRY)

Mo

PARENTS

10. NAME OF FATHER

Henry Sheppeman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Fried. Penter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

Edw. Sheppeman Jr.

15.

FILED

11/15, 1919

A. P. Botreco

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

November 14, 1919

17.

I HEREBY CERTIFY, That I attended deceased from June 14, 1919, to November 14, 1919, that I last saw him alive on November 14, 1919, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phthisis Pulmonalis
(Tuberculosis of Lungs)

CONTRIBUTORY (SECONDARY)

Influenza

(duration)

yrs. 9

mos. _____

ds. _____

(duration)

yrs. _____

mos. _____

ds. _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

Cairo, Illinois

DID AN OPERATION PRECEDE DEATH?

No

DATE OF _____

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Microscopic Exam. of Sputum

(Signed)

J. C. Botreco

M. D.

, 19

(Address)

Cape Girardeau, 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Fairmount

11/16 1919

20. UNDERTAKER

ADDRESS

A. Binkhoff

Cairo

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

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.