

Shepherd, Howard

6437-6

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
17522  
Registered No.

1. PLACE OF DEATH  
County Fayette State WEST VIRGINIA  
Township \_\_\_\_\_ or Village \_\_\_\_\_ of \_\_\_\_\_  
City Moutgomery No. \_\_\_\_\_ or Village Coal Valley Hoop St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution give its name instead of street and number)  
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.

2. FULL NAME Howard Shepherd  
(a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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 in words) Single  
6. DATE OF BIRTH (month, day, and year) \_\_\_\_\_  
7. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min. \_\_\_\_\_  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mine  
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) \_\_\_\_\_  
13. NAME \_\_\_\_\_  
14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_  
15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_  
17. INFORMANT (Address) \_\_\_\_\_  
18. BURIAL, CREMATION, OR REMOVAL Place \_\_\_\_\_ Date \_\_\_\_\_ 19.  
19. UNDERTAKER (Address) \_\_\_\_\_  
20. FILED \_\_\_\_\_ 19. \_\_\_\_\_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 16 1931  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_.  
The principal cause of death and related causes of importance were as follows:  
Fell Under Mine  
Car while in motion  
186-111  
Other contributory causes of importance:  
Shock of fracture  
of questionable fracture  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? No  
23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury May 16 1931  
Where did injury occur? Central Mine near Mt. Dennis  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Chest & Abdominal  
Nature of injury fractured left femur  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Yes, usual work  
(Signed) J. H. Ballard M. D.  
(Address) Moutgomery W. Va.

MARGIN RESERVED FOR BINDING

U. S. GOVERNMENT PRINTING OFFICE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.