

PLACE OF DEATH.

STATE OF KANSAS.

8

1488

STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

STANDARD CERTIFICATE OF DEATH.

Registered

ward No. 167

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

County *Butler*

Township

City *Elwood* No. streetFull Name *Candice Wasey Shepard*

PERSONAL AND STATISTICAL PARTICULARS.

Sex. <i>Female</i>	Color or Race. <i>White</i>	Single, Married, Widowed, or Divorced. <i>Married</i> (Write the word.)
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Date of Birth. *March 9 1973*
(Month) (Day) (Year)

Age. *43* yrs. *7* mos. *1* ds. or *1* day, *1* hrs. *1* min.
If LESS than 1 day,hrs. or.....min.

Occupation. *House Wife*
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

Birthplace. *Osage Co Kans*
(State or country)

Parents.	10 Name of Father. <i>Frank Melvin Robinson</i>
	11 Birthplace of Father. <i>Webster Co Mo.</i> (State or country)
	12 Maiden name of Mother. <i>Mary E Craig</i>
	13 Birthplace of Mother. <i>Missouri Mo.</i> (State or country)

14 The above is true to the best of my knowledge.
W. A. Shepard
(Informant)
(Address)

15 Filed *12/17/1917* *Keulstump* Registrar.

MEDICAL CERTIFICATE OF DEATH.

16 Date of Death. *Dec 15 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 7 1917* to *Dec 15 1917* that I last saw her alive on *Dec 15 1917* and that death occurred on the date stated above, at *10⁰⁰ P.M.*

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) *H. W. Hartwell* M. D.*1077 1917* (Address) *Elwood, Mo.*

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

18 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

18 Place of Burial or Removal. *Burlington Kans* Date of Burial. *Dec. 18 1917*20 Undertaker. *W. L. Lums* Address. *Elwood*