

**CERTIFICATE OF DEATH—PHYSICIAN'S FORM
UNDERTAKER'S
CERTIFICATE AND RECORD OF DEATH**

REGISTERED NO. 11486

DEPARTMENT OF HEALTH
CITY OF CHICAGO

PERSONAL AND STATISTICAL PARTICULARS

1. FULL NAME William Lewis Shepard
 2. (a) SEX M (b) COLOR W (c) SINGLE Married
 3. (a) BIRTHPLACE L.A. (b) DATE OF BIRTH July 12th 1846
 4. AGE 67 YEARS 9 MONTHS 4 DAYS _____ HOURS _____
 5. DIED ON THE 16th DAY OF April 1914 AT ABOUT 10:30 P.M.
 6. LAST OCCUPATION (a) Insurance (b) Simon
 FROM THE YEAR (c) 1871 TO THE YEAR 1914
 7. FORMER OCCUPATION (a) _____ (b) _____
 FROM THE YEAR (c) _____ TO THE YEAR _____

10. HOW LONG RESIDENT IN CITY 43 years
 11. HOW LONG IN STATE 43 years
 12. HOW LONG IN U. S. IF FOREIGN BORN _____
 13. (a) NAME OF FATHER Joshiah Shepard
 (b) BIRTHPLACE OF FATHER Georgia (STATE OR COUNTRY)
 (a) MAIDEN NAME OF MOTHER Mrs. Hulwich
 14. (b) BIRTHPLACE OF MOTHER Idaho (STATE OR COUNTRY)

The foregoing stated personal particulars are true to the best of my knowledge and belief:

8. (a) PLACE OF DEATH 1549 E. 61st St. (b) HOW LONG AT PLACE OF DEATH 25 yrs.
 9. (a) USUAL RESIDENCE 1549 S. Wabash (b) WARD 7
 PLACE OF BURIAL Rose Hill Cemetery 17 UNDERTAKER J. To Platner
 DATE OF BURIAL Monday April 14th 1914 ADDRESS 1764 Ogden St.
 HOUR 2 P.M. TELEPHONE West 943

INFORMANT W.L. Shepard Jr.
 ADDRESS 1549 - E. 61st St.
 LICENSE NO. 214

REGISTRAR

PHYSICIAN'S CERTIFICATE OF CAUSE OF DEATH

I hereby certify THAT I ATTENDED DECEASED FROM Apr 11 1914 TO Apr 16 1914 THAT I LAST SAW Living
 ALIVE ON THE 16 DAY OF April 1914 THAT he DIED ON THE DAY AND AT ABOUT THE HOUR STATED ABOVE.
 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE CAUSE OF his DEATH WAS AS HEREUNDER WRITTEN.
 (IF UNDER ONE YEAR OLD, STATE HOW FED) 81-A

(a) CAUSE OF DEATH <u>Pulmonary hemorrhages</u> <u>14 in number last one 10:30 Apr. 16th</u>	DURATION* IN YEARS, MONTHS, DAYS OR HOURS <u>3 weeks</u>
(b) CONTRIBUTORY (SECONDARY) <u>Hypostatic pneumonia incident to myocarditis</u> <u>(Arterio-sclerosis of aorta)</u>	

With my hand this 18th DAY OF April 1914 (SIGNATURE) J. To Platner M. D.
 ADDRESS 29 E. Madison TELEPHONE P. 32

FILED