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.

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

JUN 27 1936

Do not use this space.

21780

1. PLACE OF DEATH
County: Vernon
Township: Washington
City: ..... (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 154

2. FULL NAME: John M. Shadwick
(a) Residence, No. State Hospital #3 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. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 11, 1900

7. AGE: YEARS 36 | MONTHS | DAYS 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
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): Neosho Mo.

FATHER
13. NAME: Jno. H. Shadwick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

MOTHER
15. MAIDEN NAME: Polly E. Selvy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mrs. Emma Shadwick Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Neosho Missouri DATE: May 24 1936

19. UNDERTAKER (ADDRESS): Colby Thompson Neosho Mo.

20. FILED 5-24 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1936, to May 24, 1936
I last saw him alive on ....., 1936. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen. paralysis of the insane	?
(Syphilis of the C.N.S.)	

Other contributory causes of importance:

myocardial insufficiency	?

Name of operation: none Date of: —
What test confirmed diagnosis? Clinical 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 ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) T. T. O'Dell, M. D.
(Address) Neosho Mo