

94 1938

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

Do not use this space.

46411

PLACE OF DEATH

County Polk
Township Benton
City Halltown (No. _____)

Registration District No. 705
Primary Registration District No. 5934

File No. _____
Registered No. 19 St. _____ Ward _____

2. FULL NAME

Hallie M. Cully Shadwick

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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

SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alfred Shadwick</u>		
DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 20 1861</u>		
AGE	YEARS	MONTHS
	<u>76</u>	<u>9</u>
		DAYS
		<u>12</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>H-K</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>234</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1937, to Nov. 5, 1937.
I last saw her alive on Nov. 5, 1937. Death is said to have occurred on the date stated above, at 2:45 A.M.
The principal cause of death and related causes of importance were as follows:

Infirmities incident to old age.

Date of onset _____

Other contributory causes of importance:

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Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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 ✓, 1937.
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) D. P. Kessler, M. D.
(Address) Edland, Mo.

2. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

13. NAME William Addison 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. K. 31

15. MAIDEN NAME Matilda Steyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. K.

17. INFORMANT Juni Shadwick
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Schalfield DATE Nov. 9 1937

19. UNDERTAKER Hutchison - Blue
(ADDRESS) Benton, Mo.

20. FILED Dec. 17 1937 Mary Gamel
Registrar.

