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

Do not use this space.

8591

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No.

Township Sedona — Primary Registration District No. 2092 — Registered No. 135

City Joplin (No. 1047 Main St. Ward)

2. FULL NAME Julia Ann Shadwick

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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

3. SEX: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 6-1841

7. AGE: Years 86 — Months — Days — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

PARENTS

10. NAME OF FATHER T. M. Selby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No record
12. MAIDEN NAME OF MOTHER No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Mrs Gouda La Mar
(Address) Joplin Mo.

15. FILED 3/8/1927 A Benson Clark REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 7- 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1927, to Feb 20, 1927 that I last saw her alive on about Feb 20, 1927, and that death occurred, on the date stated above, at 11-20 a.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis
132 A
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio & Clerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 B

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. G. Heoshaw, M. D

3-8-, 1927 (Address) Joplin Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Ridge Cem S. of Neosha Mo — DATE OF BURIAL 3-8- 1927

20. UNDERTAKER: Hurlbut Lund Co — ADDRESS Joplin Mo

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.

MAR 26 1927