

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

Do not use this space.

File No. **23346**
Registered No. **853**
St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 124 W. Valley)

2. FULL NAME George P. Shadwick

(a) Residence, No. 124 W. Valley 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida M. Shadwick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1857.</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>8</u>
		<u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Tinner</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Tin Shop</u>
	10. Date deceased last worked at this occupation (month and year) <u>1934</u>
	11. Total time (years) spent in this occupation <u>Unk.</u>

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Ida M. Shadwick
(ADDRESS) 124 W. Valley

18. BURIAL, CREMATION, OR REMOVAL
PLACE I. O. O. F. Com. DATE July 24, 1934

19. UNDERTAKER Fred D. Clark
(ADDRESS) 5025 KING HILL AVE.

20. FILED John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934, to July 22, 1934
I last saw him alive on July 22, 1934. Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

Acute venereal poisoning
130
134B
Other contributory causes of importance:
Acute nephritis
not known

Name of operation _____ 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) W.A. Robertson, M. D.
(Address) St Joseph Mo

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.

11 95
AUG 14 1934

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DEPARTMENT OF COMMERCE

E. T. McLaugh, M. D.,

St Joseph.

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

85-3

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: George H. Shadwick. Who died at on July - 22 - 1934 Residence: No. St. (If nonresident, city or town)

Length of residence in city or town where death occurred: Years Months Days Sex M Color or race W Single, married, widowed or divorced:

Date of birth Age: Years 76 Months 8 Days 11

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month Year 20

Birthplace (State or country)

Birthplace of father (State or country)

Birthplace of mother (State or country)

Principal cause of death: Acute Uremic poisoning

Other contributory causes of importance Acute Nephritis, Uremic poisoning

Name of operation Date of (Cause unknown)

What test confirmed diagnosis? Was there an autopsy?

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

Was disease or injury in any way related to occupation of deceased?

If so, specify

Name of physician

Address of physician

Signature of Registrar John R. Bender Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 85- Very truly yours,

Primary Reg. Dist. No. 1001 E. T. McLaugh, M.D. Special Agent.

S-23346