

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

Do not use this space.

35873

1. PLACE OF DEATH ^{DEC 18 1935}
 County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 5488
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME Wesley Shotwell
 (a) Residence, No. Clinton Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vina Shotwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-2-1870

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day,hra. ormin.
	<u>65</u>	<u>10</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo.

13. NAME John Wesley Shotwell

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

15. MAIDEN NAME Sarah Cox

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

17. INFORMANT (ADDRESS) Floyd E. Shotwell Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Teboc Cemetery DATE 11-7-1935

19. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton Mo.

20. FILED 11-9-1935 J. R. Hampter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-26-1935 to 11-6-1935
 I last saw him alive on 11-3-35, 1935 Death is said to have occurred on the date stated above, at 9:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Heart Block
 Other contributory causes of importance:
AS

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) James O. Smith, M. D.
 (Address) Clinton 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.

