

DEC 18 1936

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

Do not use this space.

40417

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

Township _____

Primary Registration District No. _____

City St. Joseph Mo. (No. State Hospital #12)

File No. _____

Registered No. 1393

St. _____

Ward _____

2. FULL NAME Lester Shadrick(a) Residence, No. Mayville Mo. St. _____ Ward. Mayville Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1894.7. AGE YEARS 42 MONTHS 6 DAYS 6 IF LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. None

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) California13. NAME John Shadrick14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Bennie Browning16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT rec'd of State Hosp #2 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mayville Mo. DATE Nov 9 193619. UNDERTAKER W. G. Pilcher (ADDRESS) Mayville Mo.20. FILED Nov 9 1936 H. A. J. Mettelpust Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 193622. I HEREBY CERTIFY, That I attended deceased from Nov 19 1935, to Nov 7 1936.I last saw him alive on Nov 7 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.The principal cause of death and related causes of importance were as follows: Epilepsy

Date of onset _____

Other contributory causes of importance _____

Name of operation None Date of _____What test confirmed diagnosis? Chemical Was there an autopsy? Y

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? Y

If so, specify _____

(Signed) C. P. DeLong M. D.(Address) State Hospital #2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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.

