23 1928

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

Do not use this space.

23491

1. PLACE OF DEATH
County Gasconade
Township Richland
City ~~Gasconade~~ (No. ..... St. ..... Ward)

Registration District No. 304
Primary Registration District No. 5421

File No. 713
Registered No. .....

2. FULL NAME Arthur Ray Schellhammer

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16, 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1		6	13	

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

9. BIRTHPLACE (CITY OR TOWN) Gasconade, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Arthur Schellhammer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gasconade, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lorette Jett.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gasconade, Mo.
(STATE OR COUNTRY)

14. INFORMANT Hugo Perle
(Address) Gasconade Mo.

15. FILED 8-4 1928 F L Kicker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-30 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/25, 1928, to 7/30, 1928 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3,209 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brochial Pneumonia

107A (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Measles

..... (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
~~DID~~ AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Howard Workman, M. D
, 19 (Address) Pershing 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 Gasconade City Cemetery
DATE OF BURIAL 7-31- 1928

20. UNDERTAKER Pope Engelage
ADDRESS Morrison 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.