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

Do not use this space.

13146

MAY 27 1930

1. PLACE OF DEATH
County Lafayette
Township Freedom
City Emma (No. ..... St. ..... Ward)

Registration District No. 457
Primary Registration District No. 5621 B

File No. .....
Registered No. 7

2. FULL NAME Omar Schelp.

(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) mch 6-1915

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
15	1	20	

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) Emma
(STATE OR COUNTRY) mo

PARENTS

10. NAME OF FATHER Hugo Schelp.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Emma
(STATE OR COUNTRY) mo.
12. MAIDEN NAME OF MOTHER Emma Buesing
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Emma
(STATE OR COUNTRY) mo

14. INFORMANT Clara Buesing
(Address) Emma Mo

15. FILED 4-28, 1930 Ferdinand Shryman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch. 27, 1930, to April 26, 1930 that I last saw him alive on April 26, 1930, and that death occurred, on the date stated above, at 9:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophic Cirrhosis of liver
1243
1253
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Abscess of liver
(duration) yrs. mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. T. Freund, M. D.
Apr. 27, 1930 (Address) Emma 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: Emma Holy Cross Cemetery
DATE OF BURIAL: 4/28 1930

20. UNDERTAKER: Freeking & Voigt
ADDRESS: Concordia

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.

1930-4-
1915-3-

15-1-