

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

Do not use this space.

16095

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 11002  
City Kansas City, Mo. (No. St. Lukes Hospital) Ward

File No. \_\_\_\_\_  
Registered No. 1886

**2. FULL NAME**

Margaret Shellhammer  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Louisburg, Mo.  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Shellhammer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-25-1854</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAYS <u>13</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>Housewife</u>	
	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 <u>27</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Petersburg, Virginia</u>		
FATHER	13. NAME <u>Alexander P. Hendricks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barren county, Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Luay Goguel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Petersburg, Virginia</u>	
17. INFORMANT (ADDRESS) <u>A. J. White, 1010 S. Broadway, Kansas City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Louisburg, Mo.</u> DATE <u>5-8-1932</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. B. Kuyper, 1422 S. Broadway, Kansas City</u>		
20. FILED <u>May 9, 1932</u> M. M. Brown Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8, 1932

2. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1932, to May 8, 1932  
I last saw her alive on May 8, 1932. Death is said to have occurred on the date stated above, at 7 a.m.  
The principal cause of death and related causes of importance were as follows:

Exhaustion, Lobar pneumonia  
1860  
1918  
1860 (D)

Other contributory causes of importance: -  
Impacted fracture of neck of femur

Name of operation Reduction + cast Date of Apr 30, 1932  
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? Accident Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? Home - a fall  
(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) E. L. Miller, M. D.  
(Address) 1032 Professional  
R. E. 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.

