

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

Do not use this space.

JUL 24 1936

1. PLACE OF DEATH

County Mo. Registration District No. 551  
Township Round Grove Primary Registration District No. 5744  
City Nelsonville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 23559  
Registered No. 5

2. FULL NAME

Virginia Lillian Schaller  
(a) Residence, No. Nelsonville, 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 3 yrs. mos. 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15-1933</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Nelsonville, Mo.  
(STATE OR COUNTRY)

13. NAME Arthur Schaller

14. BIRTHPLACE (CITY OR TOWN) Nelsonville, Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Thelma Hickman

16. BIRTHPLACE (CITY OR TOWN) Marion Co.  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Ed Smoot  
(ADDRESS) Living, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Providence DATE June 17 1936

19. UNDERTAKER Sho. Balaban  
(ADDRESS) Living, Mo.

20. FILED 6 16 1936 J. M. Crebs  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1936

22. I HEREBY CERTIFY That I attended deceased from June 15, 1936 to \_\_\_\_\_, 19\_\_\_\_  
I last saw her alive on June 15, 1936 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture base skull  
massive hemorrhage

Date of onset  
June 15  
1936

Other contributory cause of importance

**100**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No. Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? June 15-1936 on farm  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Arthur Schaller near Rembo

Manner of injury fall striking chin

Nature of injury Cerebral Hemorrhage fracture

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) G. Palmer M. D.  
(Address) Palmira, 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.

