

FILED APR 12 1940

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

Do not use this space.

10729

1. PLACE OF DEATH

County Cole

Registration District No. 211

Township Marion

Primary Registration District No. 5291

File No. _____

Registered No. 3

2. FULL NAME

(a) Residence, No. 456

(Usual place of abode) Cole County, Missouri

Length of residence in city or town where death occurred

yrs.

mo.

ds.

How long in U. S., if of foreign birth?

yrs.

mo.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1940

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

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940 to March 3, 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 - 1876

I last saw h. (m) alive on March 3, 1940 Death is said to have occurred on the date stated above, at 9 A.M.

7. AGE

YEARS 63

MONTHS 11

DAYS

If LESS than 1 day,hrs. ormin.

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

Chronic Myocarditis

Date of onset

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pauper

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

Other contributory causes of importance: 92

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER MOTHER

13. NAME August Shellhammer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Agnes Meane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County, Missouri

17. INFORMANT (ADDRESS) Records Cole Co. Infirmary, Elston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gasconade, MO DATE 3/4-40

19. UNDERTAKER (ADDRESS) Hugo H. Blumer, Hermann, Mo.

20. FILED March 3, 1940 H. T. Leach, M.D., Registrar.

Name of operation

Date of

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? 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?

If so, specify

(Signed) H. T. Leach

M. D.

(Address) Elston, 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.

MISSOURI STATE BOARD OF HEALTH - DEPARTMENT RECORD

