

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

PLACE OF DEATH
County Cole
Township Marion
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 211 File No. 7,9551
Primary Registration District No. 5291 Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Theodore Robert Schraumm

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)
DATE OF BIRTH Jan 15, 1917
(Month) (Day) (Year)
AGE 1 yrs. 29 ds. If LESS than
1 day, _____ hrs.
or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Cole Co Mo Marion Twp

PARENTS' NAME OF FATHER Otto C Schraumm
BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Isla Maria Wolf
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Monticello Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Otto C Schraumm
(ADDRESS) Centertown Mo

Filed Jan 15, 1917 Joe N. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 11, 1917, to March 14, 1917, that I last saw him alive on March 14, 1917, and that death occurred, on the date stated above, at 2:00 p.m.

The CAUSE OF DEATH* was as follows:
1575 Empipelas
18
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Edgarby M. D.
March 15, 1917 (Address) Centertown Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Lutheran Cemetery Centertown Mo
DATE OF BURIAL Mar 15, 1917
UNDERTAKER Jack Bowlin
ADDRESS Centertown Mo

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

PLACE OF DEATH

County.....
 Township..... Registration District No..... File No.....
 or.....
 Village..... Primary Registration District No..... Registered No.....
 or.....
 City.....(NO..... St..... Ward.....)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE 1 MARRIED 2 WIDOWED 3 OR DIVORCED (If "rite" the word)
DATE OF BIRTH	(Month)..... (Day)..... (Year).....	
AGE yrs..... mos..... ds.	If LESS than 1 day,..... hrs. or..... min.?
OCCUPATION	(a) Trade, profession, or particular kind of work	
	(b) General nature of industry, business, or establishment in which employed (or employer)	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month)..... (Day)..... (Year)..... 191.....

I HEREBY CERTIFY, that I attended deceased from....., 191....., to....., 191.....

that I last saw h..... alive on....., 191....., and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

BIRTHPLACE
(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

Contributory
(SECONDARY)

(Signed)..... (Duration)..... yrs..... mos..... ds.

(Signed)..... (Duration)..... yrs..... mos..... ds.

M. D.

* State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death..... yrs..... mos..... ds. State..... yrs..... mos..... ds.

Where was disease contracted if not at place of death?

Former or usual residence.....

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant).....

(ADDRESS).....

Filed..... 191..... REGISTRAR

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL..... 191.....

UNDERTAKER

ADDRESS