JUN 27 1927

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

Do not use this space.

14790

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 301
Springfield (No. 1503 N. Sherman St. Ward)

2. FULL NAME John Schrable
(a) Residence. No. 1503 N. Sherman St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: w
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 10 1840

7. AGE: Years 86 — Months 11 — Days 0 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Trisco R.R. Employee
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.C.

PARENTS
10. NAME OF FATHER: Thomas Schrable
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N.C.
12. MAIDEN NAME OF MOTHER: Dorknow Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N.C.

14. INFORMANT: Mrs. H. E. Hunnicker
(Address) 930 E. Pacific

15. FILED 5/12, 1927 O. C. Horst Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-10 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-10, 1927, to 5-10, 1927 that I last saw him alive on 5-1, 1927, and that death occurred, on the date stated above, at 4:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic cystitis
1330
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. F. [illegible], M.D.
5/10, 1927 (Address) Springfield 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: Maple Park — DATE OF BURIAL: 5/12 1927

20. UNDERTAKER: W. S. Sharon — ADDRESS: Wo Market

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.

414-746