APR 28 1930

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

Do not use this space.

8295

1. PLACE OF DEATH

County Franklin — Registration District No. 296 — File No.

Township — Primary Registration District No. 4180 — Registered No.

City Union (No. , St. Ward)

2. FULL NAME Henry Martin Schnare

(a) Residence. No. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Josephine Schnare

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 15th 1873

7. AGE: 56 YEARS — MONTHS: 9 — DAYS: 11 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Worker
(b) General nature of industry, business, or establishment in which employed (or employer): ----------
(c) Name of employer: Hammilton Brown Factory

9. BIRTHPLACE (CITY OR TOWN): Sedalia
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Christian Schnare
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Christiana L Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)

14. INFORMANT: Mrs. Josephine Schnare
(Address): Union, Mo.

15. FILED Mar 26, 1930 E A Steinberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 26 1930

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1930, to March 26, 1930 that I last saw him alive on March 26, 1930, and that death occurred, on the date stated above, at 12 40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

10 (duration) yrs. mos. 6 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Her Home

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E A Steinberger, M. D

Mar 26 1930 (Address) Union 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: Crown Hill Cemetery Sedalia, Mo.
DATE OF BURIAL: March 29 1930

20. UNDERTAKER: Union Furniture Co. By W H Horn
ADDRESS: Union, 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.