

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

Do not use this space.

**30245**

**1. PLACE OF DEATH**

64 County Marion Registration District No. 547  
Township Masson Primary Registration District No. 3079  
City Hannibal (No. 519) Rock St. 1st Ward

**2. FULL NAME**

Mary A. Schanbacher  
(a) Residence, No. 3900 Market St. 5th Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Schanbacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 8 25

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pennsylvania

FATHER 13. NAME George Gang

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Germany

MOTHER 15. MAIDEN NAME Margaret Neth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Germany

17. INFORMANT (ADDRESS) Mrs. A. Wilson, daughter, 519 Rock St. Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE September 13, 1933

19. UNDERTAKER (ADDRESS) Wm. M. Smith, 902 Curry Hannibal, Mo.

20. FILED Sept 11, 1933 R. H. Debrater Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from no other cause, 19...  
I last saw h. never saw her, 19... Death is said

to have occurred on the date stated above, at 4:40 p.m.

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

Acute indigestion with dilated heart - Died suddenly - after extreme nausea

Date of onset Sept 10 33

Other contributory causes of importance:

1780 1180

Name of operation none Date of 10/10/33  
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 10/10/33

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) E. N. Motley, M. D.  
(Address) Hannibal, 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.

OCT 20 1933

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