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.

NOV 27 1935

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

Do not use this space. 33755

1. PLACE OF DEATH
County: St. Charles — Registration District No.: 760
Township: Cuivere — Primary Registration District No.: 5999
City: ..... (No. ....., ... St. ..... Ward)

File No.: 3
Registered No.: 37

2. FULL NAME: Sarah Frances Schacher

(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: Female
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: John Schacher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 22 1852

7. AGE: Years 83 — Months 5 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

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): Missouri

FATHER

13. NAME: George Creek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Pollard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): John Schacher, Old Monroe, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland Prairie DATE: Oct. 13, 1935

19. UNDERTAKER (ADDRESS): David L. Furbee, Winfield, Mo.

20. FILED: 10/13, 1935 — A. C. Caldwell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1935, to October 11, 1935
I last saw her alive on Oct. 11, 1935. Death is said to have occurred on the date stated above, at 1:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:
Obesity

Name of operation: ..... Date of: .....
What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify: —
(Signed) J. J. Alesate, M. D.
(Address) Winfield, Mo.