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.

JAN 21 1936

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

Do not use this space.

42292

File No.
Registered No. 35

1. PLACE OF DEATH
County Warren
Township Charrette
City ~~near Marthasville~~ Mo. (No. , St. Ward)

Registration District No. 884
Primary Registration District No. 6176

2. FULL NAME A. Hayward Schake

(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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1917

7. AGE: Years 18 | Months 2 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
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) near Mathasville, Mo.

FATHER
13. NAME John A. Schake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Marthasville Mo

MOTHER
15. MAIDEN NAME Augusta Schaper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Wright City Mo

17. INFORMANT John A. Schake
(ADDRESS) Marthasville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrenton City Mo. DATE Jan. 2, 1936

19. UNDERTAKER E. W. NIEBURG
(ADDRESS) Warrenton, Mo

20. FILED Dec 31, 1935 G E Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1935, to Dec 30 1935
I last saw him alive on Dec 30, 1935. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Both Lungs & Lower lobe	

Other contributory causes of importance

Name of operation Date of
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? 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?
If so, specify

(Signed) H C Johnson, M. D.
(Address) Marthasville Mo