JUL 31 1937

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

Do not use this space.

25151

1. PLACE OF DEATH
County Warren
Township Hickory Grove
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 882
Primary Registration District No. 6174

File No. .....
Registered No. 8

2. FULL NAME Jerome Schnarre (Stillborn)

(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) June 29 - 1937

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	0	0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Warren Co. Mo

FATHER
13. NAME Ora Schnarre
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo

MOTHER
15. MAIDEN NAME Mildred Becker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Femme Osage Mo

17. INFORMANT (ADDRESS) Ora Schnarre Marthasville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Femme Osage Mo DATE 6/30 1937

19. UNDERTAKER (ADDRESS) Neeburg Und Co Wright City Mo

20. FILED 6/29 1937 W S Clarenbach M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Unknown 19

22. I HEREBY CERTIFY, That I attended deceased from Not At All, 19 to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Probably - Prolonged labor	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) W S Clarenbach, M. D.
(Address) Wright City Mo

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.