

# MANITOWOC COUNTY REGISTER OF DEEDS

Form 105-2-5-31-100M.

**1. PLACE OF DEATH**

County Manitowoc  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City Two Rivers

STATE OF WISCONSIN 308  
 Department of Health—Bureau of Vital Statistics  
 COPY OF DEATH RECORD

Registered No. \_\_\_\_\_

No. 1650-24th St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

**2. FULL NAME** Casper Schaden

(a) Residence: No. 1650-24th St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and state)

Did deceased serve in the military or naval forces of the United States? \_\_\_\_\_  
 (Yes or No)

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 Emma Schaden  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) Oct. 21, 1870

7. AGE Years Months Days If LESS than 1 day, hrs. or min.  
62 | 8 | 19 | \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aluminun factory  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Pine Grove, Wis.  
 (State or country)

13. NAME Casper Schaden Sr.

14. BIRTHPLACE (city or town) Germany  
 (State or country)

15. MAIDEN NAME Mrs. Karrom

16. BIRTHPLACE (city or town) Germany  
 (State or country)

17. INFORMANT Louis T. Prucha  
 (Address) Two Rivers, Wis.

18. BURIAL, CREMATION, OR REMOVAL Burial  
 Place Calvary Date July 13, 1932

19. UNDERTAKER Ed Goetz  
 (Address) Two Rivers, Wis.

20. FILED July 11, 1932 A. F. Zlatnik  
 Registrar.

FILED \_\_\_\_\_, 19\_\_\_\_ Sub-Registrar.

21. DATE OF DEATH (month, day, and year) July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932 to July 10, 1932

I last saw him live on July 10, 1932, death is said to have occurred on the date stated above, at 10:45 P

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

Angina Pectoris

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? signs 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

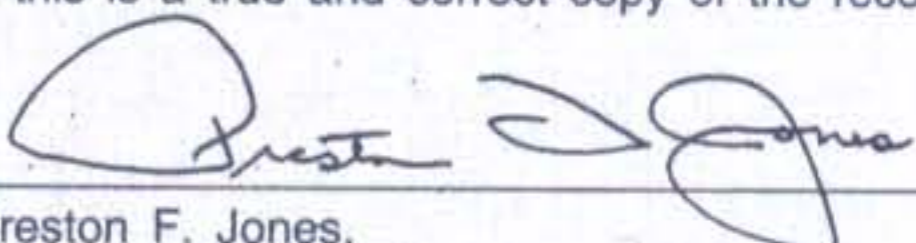
If so, specify \_\_\_\_\_

(Signed) A. M. Farrell, M. D.

(Address) Two Rivers, Wis.

MARGIN RESERVED FOR BINDING  
 Write Plainly with Unfading Ink—This Is a Permanent Record  
 This form of certificate is to be used only by LOCAL REGISTRARS for reporting to the REGISTER OF DEEDS. Send this certificate to the REGISTER OF DEEDS when the monthly report is mailed to the state office. DO NOT distribute these blanks to undertakers or other persons required to report deaths to you. All original certificates must be sent to the state office with the monthly reports.

I Preston F. Jones, Register of Deeds, Manitowoc County, Wisconsin, do hereby certify that this is a true and correct copy of the record filed in this office, exclusive of any confidential information.

  
 Preston F. Jones,  
 Register of Deeds

Date Issued: **OCT 14 2004**

THIS RECORD HAS A RAISED SEAL. IT IS ILLEGAL TO REPRODUCE THIS DOCUMENT PER WISCONSIN STATUTE 69.24



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