

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

1 PLACE OF DEATH

County Daviess
Township Jefferson
or
Village
or
City

Registration District No. 255 File No. 3569^a
Primary Registration District No. 5357 Registered No. 4
St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marilyn Cathern Snyder

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED Married
WIDOWED OR DIVORCED
(Write the word)

6 DATE OF BIRTH 1853 Apr 25 1853
(Month) (Day) (Year)

7 AGE 67 yrs. 4 mos. 15 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country) Illinois

PARENTS
10 NAME OF FATHER Squire Meech
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
12 MAIDEN NAME OF MOTHER Marilyn Meech
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Patrick Snyder, Husband
(Address) Allamore, MO

15 Filed Apr 1 1921 D. M. Kellogg
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 13 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 7 1921, to Feb 13 1921, that I last saw her alive on Feb 13 1921, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:
131 Chronic Nephritis
340 (Interstitial)

(Duration) 9 yrs. 3 mos. 3 ds.

CONTRIBUTORY Hemiplegia
(Secondary) (Duration) 3 yrs. 3 mos. 3 ds.

(Signed) J. K. Pugh M. D.
2-14-21 (Address) Allamore, MO

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death 3 yrs. 3 mos. 3 ds. In the State 3 yrs. 3 mos. 3 ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Allamore, MO DATE OF BURIAL Feb 16 1921

20 UNDERTAKER S. M. Surface & Son ADDRESS Allamore

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Coal mine*.

The material worked on statement. Never return "Manager," "Dealer," specification, as *Day laborer*, *Coal mine*, etc. Women in the duties of the household as *Housewife*, *Houseworker* not gainfully employed. Care should be taken to specify occupations of persons engaged for wages, as *Servant*, *Cooper*, etc. If occupation has been changed during the life of the person, the occupation at the beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic),

3. SEX	5A. If MARRIED, HUSBAN (OR) WIFE	6. DATE OF BIRTH	7. AGE	8. OCCUPATION (a) Trade, occupation, particular business, or profession in which engaged (b) General business, or profession in which engaged (c) Name of business, or profession	9. BIRTHPLACE (STATE OR TERRITORY)	10. NAME	11. BIRTH (ST)	12. MAID	13. BIRTH (ST)	14. INFORMANT (Address)	15. FILED
						PARENTS					

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCASION should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

U. S. NO. 2.

probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)