AY 27 1927

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

Do not use this space.

11550

1. PLACE OF DEATH

County Howard, Registration District No. 378 File No.

Township Primary Registration District No. 4222 Registered No. 9

City Fayette, (No. St. Ward)

2. FULL NAME James Madison Snyder,

(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~~) Married, Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/8 1850

7. AGE 76 YEARS | MONTHS 7 | DAYS 1 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED Retired Farmer.

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Mikel Snyder,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia,

12. MAIDEN NAME OF MOTHER Morina, McCully.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia,

14. INFORMANT J.O. Snyder
(Address) Fayette, Mo.

15. FILED 5.4.1927 V. A. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9th-27 19

17. I HEREBY CERTIFY, That I attended deceased from April 2nd, 1927, to April 9, 1927 that I last saw him alive on April 8, 1927, and that death occurred, on the date stated above, at 1:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) 100 W

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Wm. G. Shaw, M. D

, 19 (Address) Lee Hosp. Fayette

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walnut Ridge, 4/10 27 | DATE OF BURIAL Apr. 10 1927

20. UNDERTAKER Guy T. Halley. Fayette, Mo. | ADDRESS

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.