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

Do not use this space.

18364

File No. 2467
Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: kaw — Primary Registration District No.: 1002
City: Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME: Mrs Louise A Snyder
(a) Residence. No. 2216 Wabash St., 11 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Andrew J Snyder

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 14 1882

7. AGE: Years 44 | Months 8 | Days 26 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DESCEASED
(a) Trade, profession, or particular kind of work: At Home 66B
(b) General nature of industry, business, or establishment in which employed (or employer): 19C
(c) Name of employer: 132A

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: J M Thompson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Sarah Coys
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Andrew J Snyder
(Address): 2216 Wabash

15. FILED 6/17 1927 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 10 1927

17. I HEREBY CERTIFY, That I attended deceased from June 14th 1927, to June 10 1927, that I last saw h. alive on June 13 1927, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
Pituitary Adenoma of Thyroid
Nephritis of
Pneumonia (duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
Nephritis (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Paul E Stokes, M. D
6/11 1927 (Address) 1002 Medical Arts

*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: Forest Hill — DATE OF BURIAL: 6/18/27
20. UNDERTAKER: Quirk & Tobin — ADDRESS: 20 West Linwood

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.