

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

Do not use this space.

SEP 30 1927

25136

**1. PLACE OF DEATH**

County Pike

Registration District No. 684

Township Lawrence

Primary Registration District No. 4408

City Bowling Green

File No. \_\_\_\_\_

Registered No. 31

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ray Johnson 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**

colored

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

X

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sept - 7 - 1829

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
3	11	4	

**8. OCCUPATION OF DECEASED**

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

(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)

Ashley Mo.

**10. NAME OF FATHER**

Math Snyder

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Siler Mo.

**12. MAIDEN NAME OF MOTHER**

Florence Chapman

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Marion Mo.

**14. INFORMANT**

Florence Snyder

(Address) Ashley Mo.

**15. FILED**

9/10, 1927

V. B. Summers  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

9-11 1927

**17.**

I HEREBY CERTIFY That I attended deceased from Aug 9, 1927 to Aug 11, 1927 that I last saw him alive on Aug 11, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Whooping Cough

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? St. Hilary

(Signed) J. H. Hilary M. D.

, 19 (Address) Bowling Green Mo

\*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**

**DATE OF BURIAL**

Fairview Cemetery

Aug. 12 1927

**20. UNDERTAKER**

**ADDRESS**

Grace Bankhead

Bowling Green 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.

