

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

Do not use this space.  
Filed  
**26993**

**1. PLACE OF DEATH**  
 County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 2096  
 City Springfield (No. Spring Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**  
Lura Snider  
 (a) Residence, No. 2315 Howard 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married  
 (specify the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF Salma Snider  
 (OR) WIFE OF \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Feb 14 - 1907

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
20	7	15	

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** Mo.  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** Willes Tiller

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Mo.  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Mary Martin

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Mo.  
 (STATE OR COUNTRY)

**14. INFORMANT** Lee Snider  
 (Address) Springfield, Mo.

**15. FILED** 9/30 1927 OCT 1 1927  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 9-20-1927

**17.** I HEREBY CERTIFY, That I attended deceased from 9-20, 1927, to 9-29, 1927, that I last saw him alive on 9-29, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Pneumonia Septicemia  
1458 (duration) yrs. mos. 10 da.

**CONTRIBUTORY (SECONDARY)**  
146 (duration) yrs. mos. da.

**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?**  
 (Signed) C. E. Zeller, M. D.  
9-30, 1927 (Address) Springfield 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** Marlin Cemetery **DATE OF BURIAL** Oct 1 1927

**20. UNDERTAKER** J. W. Ingner & Co. 4246 **ADDRESS** Springfield, Mo.

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.

PERMANENT RECORD

