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

Do not use this space.

33300

1928

1. PLACE OF DEATH
County Henry — Registration District No. 347 — File No.
Township — Primary Registration District No. 3018 — Registered No. 120
City Clinton (No. ..... St. ..... Ward)

2. FULL NAME R. S. Snuffer
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 3, 1844

7. AGE: Years 83 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St Clair Co
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Thee Snuffer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Clair Co
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Dont Know

14. INFORMANT: Tine Snuffer
(Address): Clinton R.R.

15. FILED Nov. 25 1927 Dr. E. C. Peelor by J.H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11/24 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Nov 24, 1927 that I last saw him alive on Nov 24, 1927 and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebrous Tumor
124B
122B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): —
(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? —
(Signed) Samuel A. Pouzne, M.D.
11/24, 1927 (Address) Clinton 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: Englewood — DATE OF BURIAL: 11/25 1927

20. UNDERTAKER: Sims-Wilkinson Co — ADDRESS: Clinton

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.