

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

FEB 21 1928

1. PLACE OF DEATH

County LacledeRegistration District No. 1449

File No. _____

Township _____

Primary Registration District No. 4267Registered No. 1436City Lebanon (No. _____)

St. _____ Ward _____

2. FULL NAME Lucinda E. 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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. F. Snyder6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 13, 1860

7. AGE

YEARS 67MONTHS 9DAYS 1

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(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) Unknown

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____

(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____

(STATE OR COUNTRY) _____

14. INFORMANT Mr. H. Starnes(Address) Lebanon Mo.15. FILED 135FILED Jan 28, 1928REGISTRAR J. M. B. ...

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14 192817. I HEREBY CERTIFY. The deceased from Nov 19 1921, to Dec 23 1927 that I last saw her alive on Dec 27 1927, and that death occurred, on the date stated above, at 5:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver

CONTRIBUTORY (SECONDARY) _____

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: noDID AN OPERATION PRECEDE DEATH: no DATE OF _____WAS THERE AN AUTOPSY: noWHAT TEST CONFIRMED DIAGNOSIS: Physical Exam(Signed) P. M. ..., M. D., 19 (Address) Lebanon 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 Lebanon Cemeter.DATE OF BURIAL Jan. 15 192820. UNDERTAKER PalmerADDRESS Lebanon 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.

