

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

Do not use this space.

5857

MAR 20 1928

1. PLACE OF DEATH

County Merced Registration District No. 556 File No. _____
 Township Princeton Primary Registration District No. 4328 Registered No. 135
 City Princeton (No. _____) St. _____ Ward _____

2. FULL NAME James W 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 <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 11 1928</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>73</u> | <u>10</u> |
| | | <u>11</u> |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Officer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____ | | |

9. BIRTHPLACE (CITY OR TOWN) Ind
 (STATE OR COUNTRY) near West Indiana

| | |
|---------|---|
| PARENTS | 10. NAME OF FATHER <u>Hugh Snyder</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Virginia</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Jennie Watson</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Indiana</u> |

14. INFORMANT Arthur Owen
 (Address) Princeton Mo

15. FILED 2/13, 1928 J M Perry
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1928
 17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1928, to Feb 12, 1928
 that I last saw him alive on Feb 12, 1928, and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spinal fracture - massive crushing chest with rupture lungs - flattened both legs + pelvis - left arm torn off elbow - as result of injury accidentally given by flat rock 2nd class passenger train - death instantaneous

IF NOT AT PLACE OF DEATH: _____
 *DID AN OPERATION PRECEDE DEATH: no DATE OF: 2-7-28
 WAS THERE AN AUTOPSY: no
 WHAT TEST CONFIRMED DIAGNOSIS: Phys exam - coroner
 (Signed) A. J. Prinston - Coroner
2/12, 1928 (Address) Princeton Mo. Means Co.

*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 Princeton DATE OF BURIAL 2/15 1928

20. UNDERTAKER Hell Moss ADDRESS Princeton Mo

The first part of the document discusses the general principles of the proposed system. It is intended to provide a comprehensive overview of the various components and their interactions. The system is designed to be flexible and adaptable to different environments and requirements.

The second part of the document details the specific implementation of the system. This includes a description of the hardware and software components, as well as the configuration and installation procedures. The goal is to ensure that the system can be deployed and maintained with minimal effort.

The third part of the document provides a detailed analysis of the system's performance and reliability. This includes a discussion of the various factors that can affect the system's operation, such as network latency, hardware failures, and software bugs. The analysis also includes a comparison of the system's performance against other similar systems.

The fourth part of the document discusses the security and privacy aspects of the system. This includes a description of the various security measures that have been implemented, such as encryption, authentication, and access control. The goal is to ensure that the system is secure and that the data it handles is protected.

The fifth part of the document provides a summary of the key findings and conclusions of the study. This includes a discussion of the strengths and weaknesses of the system, as well as recommendations for future research and development. The goal is to provide a clear and concise overview of the system and its potential.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Mercer Registration District No. 536 File No.
 Township Primary Registration District No. 4228 Registered No. 130
 City Princeton (No.) St. Ward

2. FULL NAME

James W. Snyder
 (a) Residence No. St. Ward

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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S. (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hra. or min.
73 10 11

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)

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 (Address)

15. FILED 3/31 28 JM Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 19 28

17. I HEREBY CERTIFY That I attended deceased from 19....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

walking down main track in Rail Road yard and became con- fused and slipped in front of Foot Passenger train on R. R. R. Co.
 CONTRIBUTORY (SECONDARY) no auto mobile involved

18. WHERE WAS DISEASE CONTRACTED 1880

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.

, 19 (Address)

*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

19

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE RECORDED AS DESCRIBED BY LAW

SUPPLEMENTARY

1944

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