

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

Do not use this space.

8506

1. PLACE OF DEATH

County St. Louis
Township Howard
City St. Louis (No.)

Registration District No. 309
Primary Registration District No. 5434

File No.
Registered No. 13
St. Ward)

2. FULL NAME

Lucinda Sneed
(a) Residence. No. St. Ward.
(Usual place of abode)
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 21 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 20 = min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Davis Co. Ia
(STATE OR COUNTRY)

10. NAME OF FATHER John M. Harris

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

12. MAIDEN NAME OF MOTHER Elizabeth Mason

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

14. INFORMANT Matilda Hunter
(Address) St. Louis Mo

15. Mar 17 1928 W. H. Noble
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1928, to Mar 11, 1928, that I last saw him alive on Mar 11, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
IIA
107A (duration) yrs. mos. 3 ds.
CONTRIBUTORY Influenza
(SECONDARY) (duration) yrs. mos. 8 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? Physician's inspection

(Signed) Lewis H. Lamy, M. D.

3/12, 1928 (Address) Davis 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 Loandata DATE OF BURIAL 3/13 1928

20. UNDERTAKER W H Noble ADDRESS: New Hampton

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

1928

