

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

Do not use this space.

9460

1. PLACE OF DEATH

County Gasconade Registration District No. 411
Township Salina Primary Registration District No. 2002
City Belleville (No. 3567) St. Mo. Ward 1

File No. 9460
Registered No. 29136
St. Mo. Ward 1

2. FULL NAME

John Wesley Snider
(a) Residence No. Belleville St. Mo. Ward 1

(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Sep 14th 1905

7. AGE

22

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Motion Picture

(b) General nature of industry, business, or establishment in which employed (or employer)

Operator

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Webb City

(STATE OR COUNTRY)

10. NAME OF FATHER

O. B. Snider

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Worfield

(STATE OR COUNTRY)

Kansas

12. MAIDEN NAME OF MOTHER

Eva F. Craig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Grandby

(STATE OR COUNTRY)

Mo.

14.

INFORMANT
(Address)

C. A. Gordon
Carden Okla.

15.

FILED

3/17 1928 W. A. Robinson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March 14 1928

17.

I HEREBY CERTIFY, That I attended deceased from Jan 26 1928, to March 14 1928

that I last saw him alive on March 12 1928, and that death occurred, on the date stated above, at 9:40 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pulmonary Tuberculosis

23 A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Kansas City, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray & Lab.

(Signed) E. F. Burlington, M. D.

, 19 (Address) Carden, Okla.

*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

Webb City Cemetery 3/16/28

20. UNDERTAKER

ADDRESS

Steel and Co. Webb City

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

Dr. W. B. Brown Clark