

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.

MAY 29 1928

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

Do not use this space.

12451

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 98
St. Ward)

2. FULL NAME

Glen a Marie Snider

(a) Residence. No. Brandon, 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
24 8 1

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Oran
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER F. J. Amrhein

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

12. MAIDEN NAME OF MOTHER Artie Holmes

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

14. INFORMANT W. W. Snider
(Address) Fish, Mo.

15. FILED 57-28 Dr. B. J. Clump
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-22 19 28

17. I HEREBY CERTIFY, That I attended deceased from Mar. 30 1928, to April 22 1928
that I last saw her alive on Apr. 22 1928, and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitic
11210
7866
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Appendicitis
phlebotomy
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar. 20-28
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. L. Brandon, M. D.
123 1928 (Address) Poplar Bluff

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. No

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Woodlawn

4-23-28

20. UNDERTAKER

ADDRESS

Frank Wood. Co. Poplar Bluff

