

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

Do not use this space.

15580
15850 14
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
 County Jasper Registration District No. 859
 Township Oliver Primary Registration District No. 2130
 City Bronson (No. _____) St. _____ Ward _____

2. FULL NAME Artie B Snapp
 (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 7 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 Joe Snapp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 8 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iowa
 (STATE OR COUNTRY)

10. NAME OF FATHER Mart Thompson

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

12. MAIDEN NAME OF MOTHER Sarah Thompson

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

14. INFORMANT Joe Snapp
 (Address) Bronson Mo

15. FILED 4/4 28 Ed Thornhill
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 21st 1928 to April 2nd 1928
 that I last saw er alive on April 2nd 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tricuspid Insufficiency.

92A
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) NA
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) F. V. Baldwin, M. D.
 19 (Address) Forsyth 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 Edwards Cemetery DATE OF BURIAL 4/4 1928

20. UNDERTAKER Edwards ADDRESS Bronson

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.

JUN 28
 54-5-28

