

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

Do not use this space.

17462

**1. PLACE OF DEATH**

County Jackson Registration District No. 404  
 Township Kearney Washington Primary Registration District No. 3858  
 City Kan City, Mo 8100 Agnes St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 383

**2. FULL NAME**

Theodore B Snyder  
 (a) Residence. No. 8100 Agnes St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (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) Aug 29 - 1916

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work child  
 (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) MO.

10. NAME OF FATHER George W. Snyder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kan

12. MAIDEN NAME OF MOTHER Mable Jaff.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kan

14. INFORMANT George W. Snyder (Address) 8100 Agnes

15. FILED 618 1938 O.F. O'Connell REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1938

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1938, to May 6, 1938 (the last saw him/her alive on May 5, 1938 and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho Pneumonia (duration) yrs. mos. da. 6

CONTRIBUTORY (SECONDARY) Muscle (duration) yrs. mos. da. \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

19. WHAT TEST CONFIRMED DIAGNOSIS? J. P. Douglas (Signed) \_\_\_\_\_, M. D.

(Address) 630 Agnes Bldg.

\*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 Memorial Park DATE OF BURIAL 5/8/38

20. UNDERTAKER H. C. Bergman ADDRESS City

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.

