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

Do not use this space.
19589

1. PLACE OF DEATH
County: Shelby Co. Registration District No.: 828 File No.: 5
Township: Jackson Primary Registration District No.: 45 el Registered No.: 5
City: (No. 6040 St. Ward)

2. FULL NAME: Emerson Francis Snider

(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Snider

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 4 1850

7. AGE: Years 78 Months 0 Days 9 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Md.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: John Henry Snider
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Susan Ritz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ky
(STATE OR COUNTRY)

14. INFORMANT: Olivia Tippenscotte
(Address): Tiffendale Mo

15. FILED: 5/17, 1928 H. H. Parker, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 15 1928

17. I HEREBY CERTIFY, That I attended deceased from June, 1925, to May 15, 1928, that I last saw him alive on May 15, 1928, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of bowel
465
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY)
(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) W. J. Smith, M. D.
, 19 (Address) Shelbina, 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: Clark Dale Cem. DATE OF BURIAL: May 17 1928

20. UNDERTAKER: Grover Gibson ADDRESS: Hunnewell Mo.