

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

Do not use this space.

19590

1. PLACE OF DEATH
 County Shelby Co. Registration District No. 830
 Township Shelbyville Primary Registration District No. 6091
Shelbyville (City or Town) No. 4303 St. _____ Ward _____

File No. 11
 Registered No. _____

2. FULL NAME Asa Blanchard Snow
 (a) Residence. No. Shelby Hospital St. _____ Ward Black Creek Twp.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 1 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Leta F. Snow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
64 5 6

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) (STATE OR COUNTRY) Knox Co Mo

10. NAME OF FATHER Ramsay Snow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Rebecca C. Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Leta F. Snow
 (Address) Shelbyville, Mo

15. May 10 28 Madge Yooch
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1928

17. I HEREBY CERTIFY That I attended deceased from April 30, 1928, to May 1, 1928
 that I last saw him alive on May 1, 1928, and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Gun shot wound, accident

18. WHERE WAS DISEASE CONTRACTED
184 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 183
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. D. Higgins, M. D.
 (Address) Shelbyville, 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 Mt Zion DATE OF BURIAL May 3 1928

20. UNDERTAKER Hayes ADDRESS Shelbyville

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.

