

22 1928

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

Do not use this space.

23250

1. PLACE OF DEATH

County Carter
Township Pike
City Summit (No.)

Registration District No. 143
Primary Registration District No. 5

File No.
Registered No.
St. Ward

2. FULL NAME

(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 Female 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 Wilson Snider

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2/1960

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 1 25 2 5

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) Summit Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Geo H. Snider

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

12. MOTHER NAME OF MOTHER Martha D. Snider

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

14. INFORMANT Marian Greene
(Address)

15. FILE July 31/19 Jessie D Schupp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 19 28

17. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to 19.....
that I last saw h..... alive on....., 19....., and that
death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis of long standing for many years
82 A (duration) yrs. mos. ds.

CONTRIBUTORY 82 D
(SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Summit
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No Dr. B. attending
at time of death
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. D.
..... 19 (Address)

*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 Sam Snider Ceme. DATE OF BURIAL July 31/1928

20. UNDERTAKER Marian Greene
ADDRESS

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Carter
Township Pike
City (No.) St. Ward (No.)

Registration District No. 146
Primary Registration District No. 5209

File No.
Registered No.
St. Ward (No.)

2. FULL NAME

(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. 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) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
68 1 25

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Geo. N. Snider

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Freemont Mo.

12. MAIDEN NAME OF MOTHER Marion Dawson

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

14. INFORMANT Marion Snider
(Address)

15. FILED 7-31-28 Jessie D. Schupp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30, 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis of long standing for many years
Heart failure
circulatory disturbance
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 74a1
(duration) yrs. mos. da.

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) M. Cotton M.D.
, 19 (Address) Carroll

*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 San Snider Cem. DATE OF BURIAL July 31, 1928

20. UNDERTAKER Marion Snider ADDRESS Freemont

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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