

FC 29 1928

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

Do not use this space.

O'Neil 37599

1. PLACE OF DEATH
 County Marion Registration District No. 548
 Township Palmyra Primary Registration District No. 4323
 City Palmyra (No. South Infirmary)
 St. _____ Ward _____

2. FULL NAME Mattie Snell
 (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 Widow
 5A. ~~IF~~ MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____ (or) WIFE OF Widow of G.W. Snell
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16-1843
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
85 | 6 | 28
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (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) Ind.
 10. NAME OF FATHER Alex Mc Adams
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 12. MAIDEN NAME OF MOTHER Elizabeth Audrey
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 1928
 17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1928, to Nov 14, 1928 that I last saw him alive on Nov 13, 1928, and that death occurred, on the date stated above, at 4:50 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral arteriosclerosis
93 D
97
 (duration) yrs. mos. ds.
 CONTRIBUTORY myocarditis
 (SECONDARY) (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: Don't know
 19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS: Chemical
N.C. O'neal, M. D.
 (Signed) _____ (Address) Palmyra 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.

14. INFORMANT J.H. Settler
 (Address) Palmyra Mo.
 15. FILED Nov 14, 1928 D. J. Sanford REGISTRAR
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hannibal Mo DATE OF BURIAL Nov. 16 1928
 20. UNDERTAKER Mr M. Smith ADDRESS Hannibal Mo

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.

