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.

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

Do not use this space.

40806

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Raw — Primary Registration District No. 1002
City K.C. Mo. (No. 2621 Holmes St. Ward)

File No.
Registered No. 5182

2. FULL NAME Catharine Ann Snyder
(a) Residence. No. 2621 Holmes St., 3 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: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-19-1845

7. AGE: 83 Years — Months: 7 — Days: 27 — If LESS than 1 day, ...hrs. or ....min.

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) Middletown
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Philip S
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER no record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) no record

14. INFORMANT Ora Snyder
(Address) 2621 Holmes

15. FILED 17/16, 1928 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-16- 1928

17. I HEREBY CERTIFY, That I attended deceased from July, 1920, to Dec 16, 1929 that I last saw her alive on Dec 16, 1929, and that death occurred, on the date stated above, at 4.45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
82 v
16 a Paraplegia
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Senile (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) L. J. Hollis, M. D
17/16, 1928 (Address) Kansas City 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: Elmwood Ill. — DATE OF BURIAL: Dec 17 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: City

val. 2669 2817 [illegible]
708-11 [illegible]
vic 1888