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

Do not use this space.

943

1. PLACE OF DEATH
County: Dunklin
Township: Cottonwood
City: ..... (No. ..... St. ..... Ward)

Registration District No. 289
Primary Registration District No. 5407

File No. .....
Registered No. 4

2. FULL NAME: Linda Sneed

(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.

MAR 21 1929

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: 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: Eddie Sneed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 13 - 1878

7. AGE: Years 50 | Months 8 | Days 4 | 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) ..... (STATE OR COUNTRY): Pulaski Tenn.

PARENTS
10. NAME OF FATHER: John Riggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: N. McCaskill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn.

14. INFORMANT: A. J. Riggs
(Address): Manila Ark.

15. FILED: 1-17, 1929 S. E. Mitchell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1928, to Jan 15th, 1928 that I last saw h. m. alive on Jan 15th, 1929, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
92 A
11 B
(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY): Mitral Stenosis
(duration) 2 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 TESTS CONFIRMED DIAGNOSIS? .....

(Signed) John D. Van Cleve, M. D.
1-17, 1929 (Address) Malden 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: Stephens Cemetery
DATE OF BURIAL: 1-18 1929

20. UNDERTAKER: W. L. Craig
ADDRESS: Malden Mo.