

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

Do not use this space.

1921

1. PLACE OF DEATH

County Jackson
Township Ray
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 517

Registered No. 517

St. General Hosp.

Ward

2. FULL NAME

(a) Residence. No. 1516 East 8th St. Ward

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Gertrude Sneed

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

Jan. 30, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

47

0

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Hotel Proprietor

(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)

Mo.

10. NAME OF FATHER

James M. Sneed

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wa.

12. MAIDEN NAME OF MOTHER

Elizabeth Cooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pa.

14.

INFORMANT Mrs. Gertrude Sneed
(Address) 1516 E. 8th

15.

FILED 2-1-29

M. M. Crow
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 30 1929

17.

I HEREBY CERTIFY, That I attended deceased from 1929, to 1929

that I last saw h. alive on 1929, and that death occurred, on the date stated above, at 9:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Edema Brain
with fat embolus

1929 (duration) yrs. mos. da.

1929 CONTRIBUTORY Fract. rt arm (cause
(SECONDARY)
unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 30/29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry M. Day, M. D.

*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

DATE OF BURIAL

Elmwood

Feb. 1 1929

20. UNDERTAKER

ADDRESS

A. H. Newcomer's son K. C. M.

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.

233

1

2

2

53/20 gals. v
12 ch & 100cc.

12th & 13th Dec.