

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

Do not use this space.

10091

1. PLACE OF DEATH

County Dallas Registration District No. _____
 Township S Benton Primary Registration District No. 271
 City Beffel (No. _____) (No. 4147) St. _____ Ward _____

File No. _____
 Registered No. 5-29
 St. _____ Ward _____

2. FULL NAME Rebecca Snodgrass

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26-1929

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

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 _____ 8 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April - 20 1883

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
95 11 6

He was an owner of the County farm and died without medical attention (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work County Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) County Farm
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) 2000 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Charleston (STATE OR COUNTRY) S. Carolina

18. WHERE WAS DISEASE CONTRACTED 2000 (duration) yrs. mos. ds.

10. NAME OF FATHER Sam Woods

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

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

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Dr. P. Richey No. _____, 19____ (Address) Beffel, Dallas Co., Mo.

12. MAIDEN NAME OF MOTHER M. E. Querry
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

*State the DISEASE, CAUSE, DEGREE or extent of injury, and (1) MANNER AND NATURE OF INJURY, and (2) whether accident, suicide or HOMICIDE.

14. INFORMANT E. George (Address) Beffel, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Ground DATE OF BURIAL 3-27-1929

15. FILED 4/10, 1929 Harry Moore REGISTRAR

20. UNDERTAKER L. B. Jones ADDRESS Beffel, 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.

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4 1929

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CLUB OF DEPT. 5 - Every item of info. and no part of it shall be divulged to any person without the express written consent of the Director of the Bureau of Investigation, U. S. Department of Justice.