

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

Do not use this space.

10677

1. PLACE OF DEATH

County Jackson
Township Hann
City Kansas City

Registration District No. 399
Primary Registration District No. 1072
No. 53rd, Highland

File No. _____
Registered No. 1184
St. _____ Ward _____

2. FULL NAME

Casper Snyder
(a) Residence. No. 53rd, Highland St., 15 Ward.
(Usual place of abode) Hann of aged
Length of residence in city or town where death occurred _____ yrs. mos. da. How long in U.S., if of foreign birth? _____ yrs. mos. da.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>		<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(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) Missouri

10. NAME OF FATHER Joseph Snyder

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

12. MAIDEN NAME OF MOTHER Theresa Huber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Fred Snyder
(Address) 2001 East 15th

15. FILED 3/10 29 M.D.N. Lemmer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 25 to Mar 9 1929
that I last saw him alive on 3-9-29 1929, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. Sach-Roubi, M. D.
3/10 1929 (Address) 1034 Argyle

*State the DISEASE CAUSING DEATH, or in deaths from ACCIDENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Marjorie Cemetery

DATE OF BURIAL

3/11/29 19

20. UNDERTAKER

Lurk, Robin - 20 St

ADDRESS

Lenwood

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.

THIS IS A PERMANENT RECORD

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