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

Do not use this space.

13950

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 532
City St. Joseph, (No. 609 South 15th. St. Ward)

2. FULL NAME Ralph Melvin Snyder,
(a) Residence. No. 609 South 15th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	66	7	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired,
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad Conductor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ohio,

PARENTS
10. NAME OF FATHER Anthony Snyder,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ohio,
12. MAIDEN NAME OF MOTHER Susan Ames,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ohio,

14. INFORMANT Mrs. R. M. Snyder
(Address) 609 South 15th, Street,

15. FILED APR 22 1929, 19 John G. Wz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sep. 30, 1928, to April 19, 1929 that I last saw h... alive on April 19, 1929 and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Stomach

44a

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Not Known

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. D. Fray, M. D.
Apr. 22, 1929 (Address) St Joseph 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	DATE OF BURIAL
St. Jo. Memorial Park Cem	Apr. 22 1929
20. UNDERTAKER	**ADDRESS**
Heaton-BeGole & Bowman	319 S. 10 St.

Bu 877. Kaa ll

Funeral Home

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.

...PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD