

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

Do not use this space.

20409

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.

JUN 28 1924

**PLACE OF DEATH**

County Scott  
Township Chaffee  
City Chaffee Mo (No. \_\_\_\_\_)

Registration District No. 816  
Primary Registration District No. 4492

File No. \_\_\_\_\_  
Registered No. 9 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 216 Helen St. 1 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6-1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>38</u>	<u>4</u>	<u>2</u>	<u>9</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home wife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Yaffin Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Ramsey

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

12. MAIDEN NAME OF MOTHER Sarah Hale

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

14. INFORMANT Frank Jones  
(Address) Whitewater Mo

15. May 16 29 Chaffee Mo REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 19 29

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19. 23 to \_\_\_\_\_ 19. 29  
that I last saw him alive on \_\_\_\_\_ May 15 29 and that death occurred, on the date stated above, at \_\_\_\_\_ 7:30 P.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Senile Pneumonia

10914  
1010 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 da.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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?  
(Signed) W. J. Jones, M. D.  
5/15 29 (Address) Chaffee Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bartholomew white water DATE OF BURIAL 5-17 19 29

20. UNDERTAKER H. F. Stubbs ADDRESS Chaffee Mo

