AUG 22 1929

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

Do not use this space.

23916

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 911

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Rebecca Catherine Snowden,

(a) Residence. No. St., Ward. Savannah, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 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)
Female	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	2	8	

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

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9. BIRTHPLACE (CITY OR TOWN) Andrew County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Thomas J. Stout,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,

12. MAIDEN NAME OF MOTHER Elizabeth Walters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Perry Snowden
(Address) Savannah, Missouri,

15. FILED AUG 31 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1928, to July 29, 1929, that I last saw her alive on July 29, 1929, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rheumatic heart Disease — with Mitral Stenosis & Mitral Regurgitation
(duration) 12 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic Nephritis with oedema — Hydrothorax
(duration) 1 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? Physical Exam.

(Signed) F. L. Thompson M.D.
7/30, 1929 (Address) 825 Charles St Jeffrey

*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: Long Branch Cemetery — DATE OF BURIAL: Aug. 1 1929

20. UNDERTAKER: Heaton - McGale & Bowman — ADDRESS: 319 S. 10 St.

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.

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