

CT 23 120

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

Do not use this space.

30409

*Dr Smiley*

1. PLACE OF DEATH  
County Cooper Registration District No. 218  
Township Boonville Primary Registration District No. 5298  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 103

2. FULL NAME Robert Snider.  
(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10<sup>th</sup> 1853  
7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.  
76 6 25

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

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

10. NAME OF FATHER Wm. Snider.  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penna.  
12. MAIDEN NAME OF MOTHER Malinda Haux.  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

14. INFORMANT Harry Snider,  
(Address) Boonville Mo.

15. FILED Sept 6 1929 Dr Smiley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4<sup>th</sup> 1929  
17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Sept 4, 1929, that I last saw him alive on Sept 2, 1929, and that death occurred, on the date stated above, at 7 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of bowels (probably descending colon)  
Hb C (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45 (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? Only Clinical  
(Signed) Dr Smiley, M. D.  
Sept. 6 - 1929 (Address) Boonville, 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 Walnut Grove Cemetery DATE OF BURIAL 9/6/29 19

20. UNDERTAKER Goodman & Boller, Boonville Mo. ADDRESS \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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