

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

Do not use this space.

36893

1. PLACE OF DEATH

County Greene
Towship Springfield
City Springfield (No. 717)

Registration District No. 318
Primary Registration District No. 2001

File No.
Registered No. 838
St. Ward)

2. FULL NAME

(a) Residence. No. 717 Della St., ... Ward.
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 11 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child at Home
(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) Mo.

10. NAME OF FATHER Emnis E. Snider

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

12. MAIDEN NAME OF MOTHER Audra Montgomery

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

14. INFORMANT Emnis E. Snider
(Address) Springfield, Mo.

15. FILED 11-15-29 For Sharp REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-19 19 29

17. I HEREBY CERTIFY, That I attended deceased from 11-18 19 29, to 11-19 19 29, and that I last saw him... alive on 11-18 19 29, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria & scarlet fever

18. WHERE WAS DISEASE CONTRACTED 130 (duration) yrs. mos. 20 da.

CONTRIBUTORY (SECONDARY) Acute Nephritis (duration) yrs. mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED 130 (duration) yrs. mos. 20 da.

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) M. D.

*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 Green Lawn Cemetery DATE OF BURIAL Nov 20 19 29

20. UNDERTAKER J. N. Montgomery ADDRESS Springfield, Mo.

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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