

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

Do not use this space.

4

1. PLACE OF DEATH

County Shelby

Registration District No. 828

Township Jackson

Primary Registration District No. 1001

City Jackson

(No.)

File No. 3725

Registered No.

St. Ward

2. FULL NAME

Therese Nell 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Henry T. Snider

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

Jan 8 - 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

61

0

7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

domestic

(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)

Missouri

10. NAME OF FATHER

John T. Metcalf

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Mary Evans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14. INFORMANT

(Address)

Henry T. Snider

Jackson Mo

15. FILED

1/15 - 1930

D. C. T. White

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15, 1930

17.

I HEREBY CERTIFY That I attended deceased from January 8, 1930, to January 14, 1930
that I last saw h. alive on Jan. 14, 1930, and that death occurred, on the date stated above, at Jan. 15, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis Toxic
132A

CONTRIBUTORY (SECONDARY)

129A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. C. Harris, M. D.

, 19 (Address) Shelby 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

Kindred Cemetery

1/16 1930

20. UNDERTAKER

Grove & Son

ADDRESS

Hammond 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.

1930

253

3

1

