

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

Do not use this space.

19111

1. PLACE OF DEATH

County DeWitt
Township Howard
City DeWitt (No.)

Registration District No. 309
Primary Registration District No. 5434

File No.
Registered No. 27
St. Ward

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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) May 31-1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

—

—

13

8. OCCUPATION OF DECEASED

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

(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)

DeWitt Co. Mo.

10. NAME OF FATHER

Francis Sneed

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Mable Pitcher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

14. INFORMANT

(Address)

J. J. Bram
Denver, Mo.

15. June 17, 1930

W. T. Martin

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930

17.

I HEREBY CERTIFY That I attended deceased from June 13 1930
to June 13 1930
that I last saw him alive on June 11 1930 and that
death occurred, on the date stated above, at 9-20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Development

159 (duration) yrs. mos. 13 ds.

CONTRIBUTORY
(SECONDARY)

Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Physician
James A. Long M. D.
, 19 (Address) Denver 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

Roger Cemetery

June 14 1930

20. UNDERTAKER

ADDRESS

Bram Bros.

Denver

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important.

