

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

Do not use this space.

1. PLACE OF DEATH

County Grundy
Township Wilcox
City (No.) St. Ward)

Registration District No. 328
Primary Registration District No. 5455

File No. 22608
Registered No.
St. Ward)

2. FULL NAME

Francellia A Snider

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed - Alvin Snider</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 25 - 1871</u>		
7. AGE <u>84</u>	YEARS <u>11</u>	MONTHS <u>10</u>
If LESS than 1 day, hrs. min.		

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Jordan Ohio

10. NAME OF FATHER

Wells

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER

don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) don't know

14.

INFORMANT Alvin Snider
(Address) Jordan Ohio

15.

FILED 7/5 1930 E. J. Robertson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1 1930 to July 8 1930
that I last saw her alive on July 5 1930 and that death occurred, on the date stated above, at 11:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

arterio-sclerosis

97

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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) E. J. Robertson M. D.

7/9 1930 (Address) Benton 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

Rural Hall, Mo. 7-9 1930

20. UNDERTAKER

ADDRESS

E. J. Robertson Jordan

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 important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

Aug 20 1930

