

OCT 28 1930

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

Do not use this space.

26068

1. PLACE OF DEATH

County Camden
Township Jackson
City Jackson (No. _____)

Registration District No. 119
Primary Registration District No. 5170

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 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 John W. Appeling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1852, Oct. 2

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(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 Isaac J. Snider

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

12. MAIDEN NAME OF MOTHER Martha J. Snider

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

14. INFORMANT (Address) Claude Appeling

15. FILED aug 10 19 Richmond, Mo. W. H. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Aug 3 1930
that I last saw him alive on July 31, 1930, and that death occurred, on the date stated above, at 5:11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:-

Diseases consequent from age (age)

CONTRIBUTORY (SECONDARY)

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?

(Signed) St. G. Murphy M. D.

8-4, 1930 (Address) Richmond, 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

W. View Cemetery

8-4 1930

20. UNDERTAKER

ADDRESS

W. H. Jones, Richmond, Mo.

NOTE: 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.

