30675-1

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

Do not use this space.

30675-1

JAN 27 1931

1. PLACE OF DEATH
County Ozark Registration District No. 928 File No.
Township Jasper Primary Registration District No. 5859 Registered No.
City (No. St. Ward)

2. FULL NAME Calvin A. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Bertha

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1889

7. AGE Years Months Days If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blind
(b) General nature of industry, business, or establishment in which employed (or employer) Invilid
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Christian Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wiley Snider
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Birdie Coplin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT Bertha Snider
(Address)

15. FILED ......, 19...... REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1930

17. I HEREBY CERTIFY, That I attended deceased from ......, 19......, to ......, 19......
that I last saw h...... alive on ......, 19......, and that death occurred, on the date stated above, at ......m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

90
(4)

(duration) ......yrs. ......mos. ......ds.

CONTRIBUTORY (SECONDARY)

(duration) ......yrs. ......mos. ......ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) ...... M. D.
, 19 (Address)

*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 19

20. UNDERTAKER | ADDRESS

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.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1. PLACE OF DEATH.
County Ozark Registration District No. 920 File No.
Township Jasper Primary Registration District No. 5859 Registered No. 3
City (No. St. Ward)

2. FULL NAME Calvin A. Snider

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Berth Snider

6. DATE OF BIRTH (month, day and year) Unknown 1889

7. AGE Years 41 Months Days If LESS than 1 day, hrs. or min.

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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (city or town)
(State or country)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14. INFORMANT
(Address)

15. Filed Apr 15 1931 Mary F. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Sept 23 1930

17. I HEREBY CERTIFY, That I attended deceased from no medical aid, 19 , to , 19 ,
that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 5 a. m.

The cause of death* was as follows:
Malira fever
(duration) yrs. mos. 15 ds.
CONTRIBUTORY (SECONDARY) Paralsis
Blind (duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?
Did an operation precede death? no medical aid Date of
Was there an autopsy? in last
What test confirmed diagnosis? illness
(Signed) Bertha Snider, M. D
4/15, 1931 (Address) Isabella 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 Senter Point Cemetery DATE OF BURIAL Sept 24 1930

20. UNDERTAKER Clay Brown ADDRESS Isabella mo

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