DEC 22 1930

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

Do not use this space.

36678

1. PLACE OF DEATH
County Lawrence — Registration District No. ~~[illegible]~~ 472 — File No.
Township Vineyard — Primary Registration District No. 5636 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jane Lydia Snow
(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 63 yrs. — mos. — ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb - 3 - 1866
7. AGE Years 63 Months 9 Days 26 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hous Keep —
(b) General nature of industry, business, or establishment in which employed (or employer) " "
(c) Name of employer Self —
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Martin Snow.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky —
12. MAIDEN NAME OF MOTHER Marth Fishburn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) G. W. Snow Sarcoxie Mo

15. FILED 12/1, 1930 Thos H Powell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1930
17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1930 to Nov 17, 1930 that I last saw her alive on Nov 17, 1930 and that death occurred, on the date stated above, at 9:30 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) 3 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) Lena Simmons, M. D.
Nov 19, 1930 (Address) Sarcoxie, 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 Pave Spring — DATE OF BURIAL Nov 21 1930
20. UNDERTAKER Sarcoxie Und. Co. — ADDRESS Sarcoxie 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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD