

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

Do not use this space.

38814

1. PLACE OF DEATH

County Cedar

Registration District No. 163

Township

Primary Registration District No. 40951

City El Dorado Springs

(No.)

File No.

Registered No. 50

St. Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

white

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Sept 20 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

54

2

23

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)

Appleton City Mo

10. NAME OF FATHER

James Lukenbill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Louisville Ky.

12. MAIDEN NAME OF MOTHER

Laura Masterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

14.

INFORMANT

(Address)

Mrs J W Lukenbill
El Dorado Spz Mo

15.

FILED 2-14-1930

J W Dawson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from Nov 18, 1929, to Dec 13, 1930, that I last saw her alive on Nov 30, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
59
9/1/18

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Diabetes Mellitus

(duration) yrs. mos. da.

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 Clinical

(Signed) J W Dawson, M. D.

12-14-1930 (Address) El Dorado Spz 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

Clintonville

Dec 14 1930

20. UNDERTAKER

ADDRESS

J. C. Hafner

El Dorado Spz 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.

