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

Do not use this space.

File No. 40256

Registered No. 102

**1. PLACE OF DEATH**

County: Nodaway

Township: Polk

City: ..... (No. ....., ..... St. ..... Ward)

Registration District No. 625

Primary Registration District No. 5827

JAN 27 1931

**2. FULL NAME** Nancy A Snyder

(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 | 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 Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 - 1851

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 79 | 10 | 29 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Josiah Coughran

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W. M. Snyder
(Address) Maryville Mo.

15. FILED 12-23, 1930 C. P. Fryer
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1930, to Dec. 21, 1930 that I last saw h. alive on Dec. 21, 1930, and that death occurred, on the date stated above, at 11 00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

..... (duration) ..... yrs. ..... mos. 5 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) W. B. Hufford, M. D

12/22, 1930 (Address) Maryville, Mo.

*State the DISEASE CAUSING DEATH, or if 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 |
|---|---|
| Mirana Cemetery Maryville | Dec 23 1930 |
| **20. UNDERTAKER** | **ADDRESS** |
| Campbell Funeral Home | Maryville 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.