

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.

MAR 27 1931

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

Do not use this space.

6777

1. PLACE OF DEATH

County St. Clair  
Township Butler  
City (No. ....) (St. ....) (Ward)

Registration District No. 763  
Primary Registration District No. 6005

File No. ....  
Registered No. 2

2. FULL NAME

Wayne Elton 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. — 1 - 4

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) Near Loury City, mo  
(STATE OR COUNTRY) St. Clair Co mo 1

10. NAME OF FATHER Bert M Snyder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Near Loury City, mo  
(STATE OR COUNTRY) St. Clair Co mo

12. MAIDEN NAME OF MOTHER Helena Pauline Crabtree

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

14. INFORMANT Bert M Snyder  
(Address) Loury City, mo

15. FILED 3/15/31 1931 Geo L Wright  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/4/1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Feb 4, 1931, that I last saw him alive on Feb 4, 1931, and that death occurred, on the date stated above, at 8:45 PM

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar pneumonia

108 (duration) yrs. mos. 6 da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: .....

8 DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. S. Stratton, M. D.

Feb 5, 1931 (Address) Loury City, mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Laudaker Cemetery 2/5/1931

20. UNDERTAKER ADDRESS

H. C. Quoten Loury City mo

CLAIMS should be  
made as soon as possible

PROPERTY OF THE  
OFFICE OF THE  
INSPECTOR GENERAL

U.S. GOVERNMENT  
PRINTING OFFICE

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County St. Clair Registration District No. 963  
 Township Wentler Primary Registration District No. 2113  
 City (No. ) St. Ward )  
 2. FULL NAME Wayne Eavor 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.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1931  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 4

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3/5 19 3/10 Leo S Wright Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4, 1931

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:  
 Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

**SUPPLEMENTARY**

WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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