

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

Do not use this space.

9598

587

1. PLACE OF DEATH

County... Harrison
Towship... Bethany
City... Bethany (No.)

Registration District No. 334
Primary Registration District No. 4197

File No.
Registered No.
St. Ward)

2. FULL NAME

Sarah Elizabeth Sneed

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 3 4

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) Worth County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Lewis Barnett

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

12. MAIDEN NAME OF MOTHER Whited

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

14. INFORMANT Mr. Joseph Dale
(Address) Bethany Mo

15. FILED 4/16 1931 J. H. Hemen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 27 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/20, 1931, to 3/27, 1931, that I last saw her alive on 3/27, 1931, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF (1)

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. H. Hemen, M. D.

3/28, 1931 (Address) Bethany 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

Lone Star Missouri 3/28 1931

20. UMBERTAKER

Gaunt Praeger Eagleville 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.

APR 23 1931

