

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

Do not use this space.

14437

1. PLACE OF DEATH
 County Jackson Registration District No. 192
 Township Kaw Primary Registration District No. 1002
 City K.C. Mo. (No. 6425 E 16th) St. 12 Ward

2. FULL NAME Melissa Snyder
 (a) Residence. No. 6425 E 16th St. 12 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. 1357
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 - 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	8	28	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife 935
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ballatin Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Tom Warner

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

12. MAIDEN NAME OF MOTHER Nancy Harvey

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

14. INFORMANT Mrs. Beula Fox (Address) 6425 E 16th Hwy

15. FILED 4/27 1931 M. M. Carson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-20-31 to 4-23-1931, that I last saw h. alive on 4-23-1931, and that death occurred, on the date stated above, at 6:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pericarditis Aneurysm

TRIP
73A (duration) 3 yrs. 4 mos. da.
 CONTRIBUTORY (SECONDARY)
Myocardial Infarction (duration) 3 yrs. 4 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? Yes

WHAT TEST CONFIRMED DIAGNOSIS Yes
 (Signed) Walter J. Wilson M. D.
4/24 1931 (Address) 3656 Jefferson

*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 <u>Edmwood</u>	DATE OF BURIAL <u>4/27 1931</u>
20. UNDERTAKER <u>Mrs C. L. Forster</u>	ADDRESS <u>K.C. Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

