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

Do not use this space.

17102

File No. .....

Registered No. 96

1. PLACE OF DEATH

County Boone — Registration District No. 73

Township ..... — Primary Registration District No. 3006

City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Elsie Marie Snell

(a) Residence. No. 1217 E. Ash 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.

JUN 24 1931

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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8-1915

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
15	10	24	

8. OCCUPATION OF DECEASED

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

(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): Columbia Mo.

PARENTS

10. NAME OF FATHER: J. S. Snell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo

12. MAIDEN NAME OF MOTHER: Ada Belle DeHaven

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Howard Co. Mo

14. INFORMANT (Address): J. E. Snell, 1217 East Ash St.

15. FILED 5/2/1931 F. C. Suggett by Selby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1929, to May 2, 1931, that I last saw her alive on May 1, 1931, and that death occurred, on the date stated above, at 3:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A (duration) 2 yrs. 8 mos. 20 ds.

CONTRIBUTORY (SECONDARY) 23 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

5/2 (Signed) M. W. Kampschmidt, M. D.

, 1931 (Address) Columbia 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: Memorial Park Cemetery

DATE OF BURIAL: May 3 1931

20. UNDERTAKER: B. G. Baker

ADDRESS: Columbia

OCT 2-1942