

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

Do not use this space.

21123

1. PLACE OF DEATH

County Greene Registration District No. 318
Township North Campbell Primary Registration District No. 2001
City Springfield, Mo (No. Springfield Baptist Hospital) St. _____ Ward _____

File No. 434
Registered No. _____

2. FULL NAME

Geo Willard Snow
(a) Residence, No. Salloway Route 3 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leara Potagard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 19 1903</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>8</u>	DAYS <u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2100</u>	
	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) <u>Missouri</u>		
MOTHER	13. NAME <u>J. M. Snow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Marie E. Klesey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>J. M. Snow Salloway Route 3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salloway Cemetery</u> DATE <u>June 9 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Thos. W. Wood 62 N. W. Walnut St.</u>		
20. FILED <u>6-9</u> 19 <u>31</u> <u>For. Thayer</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on June 6 1931. Death is said to have occurred on the date stated above, at 6:11 m.

The principal cause of death and related causes of importance were as follows:

Crushed Chest
Car in which he was riding skidded into ditch turning over 3 times on highway # 66 from E of Springfield Mo
Other contributory causes of importance: _____

Date of onset

Name of operation None Date of _____

What was the confirmed diagnosis Crushed chest Was there an autopsy? no

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

Accident, suicide, or homicide? Accident Date of injury June 6 1931

Where did injury occur? Highway 66 5 miles east Springfield Mo (Specify city or town, county, and State)

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

Highway 66

Manner of injury Crushed chest

Nature of injury _____

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

If so, specify no

(Sign) H. A. Weibarger Acting Coroner M. D.

(Address) Springfield 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.

JUL 24 1931

