

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.

SEP 22 1931

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

Do not use this space.

27702

File No. 27702

Registered No.

St. Ward)

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130

Township White Primary Registration District No. 4673

City White (No. 1)

2. FULL NAME

(a) Residence. No. Clara Jane Snider St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S., if of foreign birth? 88 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

Wife of M. Snider

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 6 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Co. (STATE OR COUNTRY)

10. NAME OF FATHER John Barker

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

12. MAIDEN NAME OF MOTHER Merna Boston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape Girardeau Co (STATE OR COUNTRY)

14. INFORMANT Clarence Snider (Address) White

15. FILED 8-10-31 J. M. Seagle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 9. 19 31

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1 19 31, to Aug. 9 19 31 that I last saw her alive on Aug. 8 19 31, and that death occurred, on the date stated above, 8:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Corchiac, dilatation

95 B (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) old age (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at Place of Death IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? Physical Examination

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. M. Seagle M. D.

, 19 (Address) Capin 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 Barks Chapple DATE OF BURIAL Aug 10 19 31

20. UNDERTAKER A. Anger ADDRESS Capin Mo

