

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 23 1931

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

27918

## 1. PLACE OF DEATH

County FranklinRegistration District No. 282Township UnionPrimary Registration District No. 5401City Union (No.     )File No.     Registered No. 33St.      Ward     

## 2. FULL NAME

(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

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

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

B. F. Snider

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 23 - 1868

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

63625

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

## 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)

Mo

## FATHER

## 13. NAME

Perkney Elder

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

## MOTHER

## 15. MAIDEN NAME

Wink

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wink

## 17. INFORMANT (ADDRESS)

James Snider Campbell

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

8/181931

## 19. UNDERTAKER (ADDRESS)

C. W. Sanders

## 20. FILED

8/17

1931

C. W. Sanders

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 193122. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Aug 19, 1931I last saw him alive on Aug 16, 1931. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Natural Degeneration Date of onset     Optic Neuritis8578 H

Other contributory causes of importance:

Swelling of Brain88Name of operation none Date of     What was confirmed diagnosis? Symptomatic Was there an autopsy?     

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

Accident, suicide, or homicide?      Date of injury     , 19    Where did injury occur?      (Specify city or town, county, and State)

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

Manner of injury     Nature of injury     

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

If so, specify     (Signed) John L. Brown M. D.(Address) Campbell

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