

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.

OCT 22 1931

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

Do not use this space.

## 1. PLACE OF DEATH

County Gentry  
Township Noward  
City Lane Star R.F.D. (No. .... St. .... Ward)

Registration District No. 309  
Primary Registration District No. 5434

File No. 30979  
Registered No. 37

2. FULL NAME Eva M. Snead

(a) Residence. No. Lane Star R.F.D. St. .... Ward. ....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 23, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
38 6 3

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER Wm Cook

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

12. MAIDEN NAME OF MOTHER Jane Davis

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

14. INFORMANT Mrs Wm Cook  
(Address) Lane Star Mo.

15. Sept 25 1931 W. F. O'Leary  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26 19 31

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at 2.30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy  
82A (duration) 2 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 82A (duration) 2 yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS? Examination  
(Signed) S. O. Harding (Coroner) M. D.  
, 19 (Address) Albany, 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 Lane Star Cemetery DATE OF BURIAL Sept 27, 31

20. UNDERTAKER Clifford Brooks ADDRESS Albany, Mo.

