

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

Do not use this space.

34054

1. PLACE OF DEATH

County Franklin
Township Union
City Union (No. _____)

Registration District No. 282
Primary Registration District No. 5701

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME Maxine Snider

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1931, to Oct 31, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1931

I last saw h. or alive on Oct 31, 1931. Death is said to have occurred on the date stated above, at 8 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____
Total time (years) spent in this occupation _____

Date of onset

Malnutrition
158
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

13. NAME Victor Snider

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

15. MAIDEN NAME Lucy Elva Cunningham

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

17. INFORMANT (ADDRESS) Father

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elder DATE 11/1 1931

Manner of injury _____
Nature of injury _____

19. UNDERTAKER (ADDRESS) none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. J. Keeledge, M. D.
(Address) Campbell, Mo.

20. FILED 10/31 1931 E. W. Sanders Registrar.

NOV 24 1931

Exact statement of OCCUPATION is very important. Do not use this space.

