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

Do not use this space.

35319

File No.
Registered No. 301

NOV 25 1931

1. PLACE OF DEATH
County Pulaski
Township Flat Creek
City (No. Spring Fork Mo St. Ward)
Registration District No. 668
Primary Registration District No. 3891

2. FULL NAME Infant Snow
(a) Residence, No. Spring Fork 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23rd 1931

7. AGE: Years | Months | Days | If LESS than 1 day, 3 hrs. or min.

OCCUPATION
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Isaac F. Snow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Vera Riecke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT I. F. Snow
(ADDRESS) Spring Fork

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bethel DATE 10/24 1931

19. UNDERTAKER McLaughlin Bros
(ADDRESS) Dedalia Mo

20. FILED 10-24 1931 J. S. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24 1931

22. I HEREBY CERTIFY, That I attended deceased from on Oct 24th 1931 to 1931
I last saw her alive on Oct 24 1931 Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

Premature birth 7 months Twin Live 3 hours.

Date of onset

Other contributory causes of importance:
159

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

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) Leroy Bohling, M. D.
(Address) Dedalia 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD