

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

Do not use this space.

37318

**1. PLACE OF DEATH**

County Dunklin  
Township Bottom Hill  
City Malden (No. ....)

Registration District No. 289  
Primary Registration District No. H173

File No. ....  
Registered No. 71 St. .... Ward)

**2. FULL NAME**

(a) Residence, Life St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred Life 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 Male 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 Nora Mac Snider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 25

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
50 4 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer's job  
10. Date deceased last worked at this occupation (month and year) Oct. 1931 11. Total time (year) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Indianapolis (STATE OR COUNTRY) Ind.

13. NAME Lin H. Snider

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

15. MAIDEN NAME Mary Brett

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

17. INFORMANT Sadie Patterson (ADDRESS) Rea Mills Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 11-19-31

19. UNDERTAKER W. L. Leary - Malden (ADDRESS)

20. FILED 11-18-31 L. S. Mitchell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1931, to Nov 17 1931

I last saw him alive on Nov 17 1931. Death is said to have occurred on the date stated above, at 12:30 PM

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

Peritonitis  
1173  
129 11/17/31

Other contributory causes of importance: Quadrant pain

Name of operation: .... Date of: ....

What test confirmed diagnosis? Clinical 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 ✓ 1931

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? No If so, specify

(Signed) John D. Lane M. D. (Address) Malden Mo

A. 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.

DEC 21 1931



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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Bunklin

Township

City Malden

Registration District No. 289

Primary Registration District No. 4173

File No.

Registered No. 71

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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

m

4. COLOR OR RACE

w

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

m

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

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

June 25 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER  
(ADDRESS)

20. FILED

1/1

19

31 Homer Lee  
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 17 - 1931

22. I HEREBY CERTIFY, That I attended deceased from

to

19

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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)

....., M. D.

(Address)

5-37318

