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

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.

DEC 28 1931

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

Do not use this space.

37476

File No. .....

Registered No. 123

1. PLACE OF DEATH

County: Henry — Registration District No. 347

Township: Clinton — Primary Registration District No. 5488

City: Clinton (No. ..... , ... St. ..... Ward)

2. FULL NAME Albert C. Snyder

(a) Residence, No. ..... St., ... Ward. ..... (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Caucasian	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-8-1859

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	-	21	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Henry County Home

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): Andreww County Missouri

FATHER

13. NAME: Charles W. Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Elizebeth Burnam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Maryland

17. INFORMANT (ADDRESS): Harry Vernon Snyder Lewis Station, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Clinton DATE: 11-30-1931

19. UNDERTAKER (ADDRESS): W. H. SIMS Clinton Missouri

20. FILED 11/30, 1931 Ed C. Peelor, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1931-Nov 29

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1931, to Nov 30, 1931. I last saw him alive on Nov 24, 1931. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Mytral Insufficiency — Date of onset: .....

Other contributory causes of importance: .....

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

What test confirmed diagnosis? None 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? No

If so, specify .....

(Signed) J. R. Hampton, M. D.

(Address) Clinton, Mo