

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

Do not use this space.

38334

**1. PLACE OF DEATH**

County Miller Registration District No. 561  
Township Franklin Primary Registration District No. 575-B  
City Earldon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 86

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Haynes-Snow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16, 1858</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>3</u>
	Days <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer-Retired.</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Litchfield Illinois</u>	
	13. NAME <u>Newton Snow</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
	15. MAIDEN NAME <u>Elizabeth Thompson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Litchfield Illinois</u>	
17. INFORMANT <u>Nancy Snow</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem Cem. Earldon Mo</u> DATE <u>Nov 8</u> 19 <u>31</u>		
19. UNDERTAKER <u>W. A. Phillips</u> (ADDRESS) <u>Earldon Mo</u>		
20. FILED <u>11-7</u> 19 <u>31</u> <u>Belle Haynes</u> Registrar.		

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**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1931, to 11/6 1931.  
I last saw him alive on 11/6 1931. Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:

Uraemic Poisoning 10/1/31  
131  
132B/31

Date of onset

Other contributory causes of importance:  
Chronic Interstitial nephritis don't know

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) E. D. Walker, M. D.  
(Address) Earldon Mo 7:10

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.

RECORDING INFORMATION IS A PERMANENT RECORD

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