

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

Do not use this space.

40529

1. PLACE OF DEATH

County Daniel
Township Monroe
City (No.) (St.) (Ward ..)

Registration District No. 254
Primary Registration District No. 5258

File No.
Registered No. 40

2. FULL NAME Mary Elizabeth Snider

(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 F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 6 10

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

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) Pattonburg Mo

13. NAME John Hubbsman

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

15. MAIDEN NAME Hubbsman

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

17. INFORMANT John Snider (ADDRESS) Pattonburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Dec 26-31 19 1931

19. UNDERTAKER S. Schanner (ADDRESS) Pattonburg Mo

20. FILED Dec 23, 1931 John G. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1931, to Dec 22, 1931

I last saw her alive on Dec 22, 1931. Death is said to have occurred on the date stated above, at 8-8 P.m.

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

Chronic nephritis
Chronic myocarditis
131
930

Date of onset

Other contributory causes of importance:

Name of operation X Date of
What test confirmed diagnosis? Was there an autopsy? X

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 1
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frank Hedges, M. D.
(Address) Pattonburg 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

NOV 30 1931

