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.

MAR 22 1932

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

Do not use this space.

1. PLACE OF DEATH
23 County Clark — Registration District No. 190 — File No. 4055
1 Township — Primary Registration District No. 4113 — Registered No. 10
6 City Kahoka (No. ..., ... St. ... Ward)

2. FULL NAME Obidiah Jennings Snyder
(a) Residence, No. ... St. ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margret Snyder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 7 1849
7. AGE YEARS 82 MONTHS 11 DAYS 14 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette County, Penn
FATHER
13. NAME Frazier Snyder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
MOTHER
15. MAIDEN NAME Margaret Quay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
17. INFORMANT (ADDRESS) Bess E Snyder Kahoka Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kahoka Cem. DATE 2/23 1932
19. UNDERTAKER (ADDRESS) Fred J Karle Kahoka Mo
20. FILED 2/22 1932 J. F. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1932
22. I HEREBY CERTIFY That I attended deceased from Feby 6th 1932, to Feby 21 1932
I last saw him alive on Feby 21st 1932 Death is said to have occurred on the date stated above, at 4.40 P.M.
The principal cause of death and related causes of importance were as follows:
Inanition with mental infirmity and retention of urine due to prostatic obstruction
Date of onset
Other contributory causes of importance: Hemiplegia 19 years
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? (1) 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) N. B. Sisson, M. D.
(Address) Kahoka Mo.