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.

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

Do not use this space.

8745

1. PLACE OF DEATH
County Jackson — Registration District No. 39 — File No.
Township Kaw — Primary Registration District No. 1004 — Registered No. 1334
City Kansas City (No. 4 East 65 Terr St. Ward)

2. FULL NAME Howard V. Sniveley
(a) Residence, No. 4 East 65 Terr St., 8 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7, 1873

7. AGE: 59 YEARS — MONTHS: 1 — DAYS: 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
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) Kansas

FATHER
13. NAME Evra V. Sniveley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md.

MOTHER
15. MAIDEN NAME Harriel Shedd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daton Ohio

17. INFORMANT (ADDRESS) Mra W. Marie Sniveley 4 East 65 Terr

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wathena Kansas DATE April 1 1932

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED Mar. 30, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1929, to Mch 29, 1932
I last saw him alive on Mch 24, 1932. Death is said to have occurred on the date stated above, at 3: P.m.
The principal cause of death and related causes of importance were as follows:

Aortic stenosis, myocardial infarction, Congestive Heart Failing.

Other contributory causes of importance:

Rheumatic fever.

Date of onset

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?
If so, specify
(Signed) Donald R Black, M. D.
(Address) 924 Prof Bldg KC Mo