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

Do not use this space.

V 8960

File No. 9

Registered No.

1. PLACE OF DEATH

County: Jefferson — Registration District No. 421

Township: ~~Joachim~~ — Primary Registration District No. 4249

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

2. FULL NAME Catherine Snider

(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 1 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*)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70			

OCCUPATION

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

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) 1/2/32 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co. Mo.

FATHER

13. NAME P. Boyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Mo.

MOTHER

15. MAIDEN NAME C. Casbine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Mo

17. INFORMANT Jacob Snider
(ADDRESS) Festus Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo DATE 3/4/32, 19..

19. UNDERTAKER Duester and Vinyard
(ADDRESS) Festus Mo.

20. FILED 3/4, 1932 J. E. Rutledge Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932, to March 2, 1932

I last saw her alive on March 2, 1932. Death is said to have occurred on the date stated above, at ... m.

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

	Date of onset
Diabetes Mellitus	
unknown	
59	

Other contributory causes of importance:

Chronic Myocarditis
Thyroid Tumor (uterus)

(Name of operation ... Date of ...
What test confirmed diagnosis? ... 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) H. Gasser, M. D.
(Address) Festus 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

APR 27 1937