

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

Do not use this space.

18338

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. _____) St. _____ Ward _____

Registration District No. 296
Primary Registration District No. 3038

File No. _____
Registered No. 9

FULL NAME Lucas Stanton Sneed
(a) Residence. No. Mo State School Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 mos. 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 10 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Keokuk Iowa
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Sneed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Detroit Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Non Edinmore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Detroit Ill.
(STATE OR COUNTRY)

14. INFORMANT Hospital Record
(Address) Marshall Mo

15. FILED 5-11-1932 A. P. Putnam
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 5 1931 to May 9 1932 that I last saw him alive on May 9 1932 and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis
W B S (duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ (1) IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 9, 1932

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab
inspired A. T. Maples M. D.
19 32 (Address) Marshall

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Detroit, Ill. DATE OF BURIAL May 11 1932

20. UNDERTAKER T. W. Campbell ADDRESS Marshall

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.

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JUN 27 1932

