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

Do not use this space.

22196

1. PLACE OF DEATH 16
County Cape Girardeau — Registration District No. 130 — File No.
Township Hubble — Primary Registration District No. 5174 a — Registered No.
City (No. St. Ward)

2. FULL NAME Mary Isabel 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 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 Oliver Snider
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 1850
7. AGE 81 YEARS 1 MONTHS 3 DAYS — If LESS than 1 day, hrs. or min.

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co.

FATHER
13. NAME Frank Rosley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co.

MOTHER
15. MAIDEN NAME Catherine Irvin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co

17. INFORMANT (ADDRESS) Mrs Nora Hartle R.F.D. Whitewater Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lesley Cemetery DATE July 17, 1932
19. UNDERTAKER (ADDRESS) McCombs Furniture & Hard Co Jackson Mo
20. FILED 7-16 1932 J. M. Slagle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/16, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to July 16, 1932
I last saw her alive on July 12, 1932. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	???
92 97	
Other contributory causes of importance:	
Organic Lesion	??

Name of operation None Date of
What test confirmed diagnosis? Physical Signs 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? No
If so, specify
(Signed) Wiley Doggett, M. D.
(Address) Cape Girardeau 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.

AUG 22 1932

Is this organic lesion of heart?

No

D. B. Daggett

Dr. JAMES STEWART,
SPECIAL AGENT,
JEFFERSON CITY, MISSOURI.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

130 #2 22196

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Isabel Snider

Who died at Cape Girardeau (City) Co. (County) on July 16, 1932, (Date)

Residence: No. _____ St. _____ (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) U.S.A.

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: Arterio Sclerosis

Other contributory causes of importance Organic Lesions

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.