

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

Do not use this space.

25194

File No. _____
Registered No. 9 St. _____ Ward _____

1. PLACE OF DEATH

County Vernon
Township Pinewood
City Sheldon (No. _____)

Registration District No. 8-78
Primary Registration District No. 4531

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(If nonresident, give city or town and State)
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.

John S. Snyder

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 Mrs. John S. Snyder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS about 60 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 94
10. Date deceased last worked at this occupation (month and year) July 10 1932
11. Total time (years) spent in this occupation last known

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany 10

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Letters found in pockets

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon cemetery DATE July 24 1932

19. UNDERTAKER (ADDRESS) of B. Beery & Sons Sheldon

20. FILED July 12 1932 Carroll T. Beery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1932

22. I HEREBY CERTIFY, That I attended deceased from head not attended 1932 to from time of death 1932

I last saw h. _____ alive on _____, 19____. 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:

Angina Pectoris. 9
violated the body with the carover of Vernon Co. from Mike Perry and from the history we obtained!

Other contributory causes of importance: concluded that death resulted from the above mentioned condition.

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 _____ (D)

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Arthur E. Witham M. D.
(Address) Sheldon 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 29 1932

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