

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

Do not use this space.

36777

1. PLACE OF DEATH

County Randolph Registration District No. 731
 Township Suber Creek Primary Registration District No. 5973
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Margaret Snoddy Deemy
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Humphrey B. Deemy</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6 - 1839</u>				
7. AGE	YEARS <u>93</u>	MONTHS <u>7</u>	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>			
	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) <u>Missouri</u> 1				
FATHER	13. NAME <u>Walker Snoddy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> 2			
MOTHER	15. MAIDEN NAME <u>Marian Foster</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Mrs R. B. Humes</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ryanoke Mo</u> DATE <u>Nov 28</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>A. H. Decker</u> <u>Amshurst Mo</u>				
20. FILED <u>Nov 30</u> 19 <u>32</u> <u>Mary S. Shires</u> Registrar.				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1930, to Nov 26 1932
 I last saw him alive on Nov 26 1932 Death is said to have occurred on the date stated above, at 9 P m.
 The principal cause of death and related causes of importance were as follows:
Senility Date of onset _____
162 167
 Other contributory causes of importance: almost 94 yrs age
 Name of operation None Date of _____
 What test confirmed diagnosis: Burial 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? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. J. Cress M. D.
 (Address) Huntsville Mo

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.

88
1933

