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.

JAN 9 1933

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

Do not use this space.

40724

1. PLACE OF DEATH

68 County Moniteau — Registration District No. 571 — File No.

1 Township Walker — Primary Registration District No. 4335 — Registered No. 57

2 City California, (No. ..... , ... St. ..... Ward)

2. FULL NAME James F. Snorgrass.

(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: 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: Sarah Snorgrass.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 10, 1896

7. AGE: YEARS 35 — MONTHS 11 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman 172

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: For Packing Company

10. Date deceased last worked at this occupation (month and year): December 2, 1932

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tipton Missouri

FATHER

13. NAME: Thomas J. Snorgrass

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Lucy Yontz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): F. J. Quigley Tipton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Tipton, Mo DATE: 12-5-1932, 19

19. UNDERTAKER (ADDRESS): Jewell E. Richards. Tipton, Mo

20. FILED: Dec 2, 1932 Geo W. Roth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12, 2, 1932

22. I HEREBY CERTIFY, That I attended deceased, from ....., 19.... to ....., 19....

I last saw h..... alive on Never, 19..... Death is said to have occurred on the date stated above, at 6.40 P m.

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

Accidental death in Automobile accident — Date of onset

210 C

Other contributory causes of importance: None

210 — 2.C.1

Name of operation: None Date of .....

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12-2-1932

Where did injury occur? California Mo on Highway 50 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury: Auto accident - collision with car

Nature of injury: body crushed

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify: Do not know

(Signed) H. R. Popejoy - Coroner, M. D.

(Address) California Mo