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.

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

Do not use this space.

1. PLACE OF DEATH
55 County Lawrence — Registration District No. 472 — File No. 6344
Township Vineyard — Primary Registration District No. 5636 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Stella A. Snow
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John W. Snow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1877

7. AGE — YEARS 55 — MONTHS 5 — DAYS 19 — 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) Dec, 1932
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sarcoxie, Mo

FATHER
13. NAME W. F. Downey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Margarett A Biddlecome
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) John W Snow Sarcoxie, Mo, R.F.D. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cave Springs Cem DATE 19

19. UNDERTAKER (ADDRESS) F. A. Engelage Sarcoxie, Mo

20. FILED 2-4, 1933 Thos. H. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 - , 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Feb 2, 1933
I last saw her alive on Feb 2, 1933. Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
71A	1/1/33
71A	

Other contributory causes of importance:

Name of operation ..... 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? ..... 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? .....
If so, specify .....
(Signed) Lim Simmons, M. D.
(Address) Sarcoxie, Mo