

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

Do not use this space. **E**

8423

1. PLACE OF DEATH

County Barry
Township Union Springs
City Near Gato Mo (No.)

Registration District No. 29
Primary Registration District No. 5039

File No.
Registered No. 18
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4th 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
79 2 19

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer

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) Near Gato Mo
(STATE OR COUNTRY)

13. NAME Christopher Snider

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Wilson

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

17. INFORMANT Spigle Snider
(ADDRESS) Gato Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACES Snider Cemetery DATE Mar 22 1933

19. UNDERTAKER Forner Clevary
(ADDRESS) Cassville Mo

20. FILED July 1, 1933 Mrs. H. R. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to Mar 20 1933

I last saw him alive on Mar 20 1933 Death is said

to have occurred on the date stated above, at 7 A. M.

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

Aortic insufficiency Date of onset

920

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..... 1933

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 Henry H. Sabers M. D.

(Signed) Cassville Mo (Address)

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.

JUL 20 1933

1. The purpose of this document is to provide information on the status of the project and to identify the key personnel involved in the project.

2. The project is currently in the planning stage and is expected to be completed by the end of the year. The key personnel involved in the project are listed below:

Name	Position
John Doe	Project Manager
Jane Smith	Senior Analyst
Bob Johnson	Systems Administrator
Alice Brown	Quality Assurance
Charlie White	Technical Support

3. The project is being funded by the Department of Defense and is expected to be completed by the end of the year. The project is currently in the planning stage and is expected to be completed by the end of the year.

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