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

Do not use this space.

10417

1. PLACE OF DEATH

County MONROE — Registration District No. 927 — File No.

Township JEFFERSON — Primary Registration District No. 5781 B. — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME CHARLES G. SNELL

(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: OLLIE SNELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 28, 1872

7. AGE: YEARS 60 — MONTHS 2 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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): OCT. 1932
11. Total time (years) spent in this occupation: Life

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

FATHER

13. NAME: EDWIN SNELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: MATTIE McCANN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs. L. E. Dooley, Goss, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: WALNUT GROVE — DATE: MAR. 16, 1933

19. UNDERTAKER (ADDRESS): SPEED & BLAKEY, Paris, Mo

20. FILED: MAR 14 1933 — Mrs. A. W. Bousman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAR 14 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Mar 14, 1933
I last saw him alive on Mar 15, 1933. Death is said to have occurred on the date stated above, at 9:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	U.K.
131	

Other contributory causes of importance: 131

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical signs — 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? NO
If so, specify ..... H C Payne, M.D.
(Signed) ....., M. D.
(Address) PARIS, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

APR 24 1933

U. S. No. 2