

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.

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

Do not use this space.

12304

MAY 22 1933

1. PLACE OF DEATH
 County Parton Registration District No. 44
 Township South Central Primary Registration District No. 5-866
 City (No. _____) St. _____ Ward _____

2. FULL NAME Orval Clare Snow Jr.
 (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 958

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10611

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Souths Mo

FATHER 13. NAME Orval C. Snow
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa Mo

MOTHER 15. MAIDEN NAME Mildred P. Manner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamar Mo

17. INFORMANT (ADDRESS) Mrs. O. C. Snow

18. BURIAL, CREMATION, OR REMOVAL PLACE Souths Central DATE 4/15 1933

19. UNDERTAKER (ADDRESS) W. J. Pugh Kansas Mo

20. FILED 4-14 1933 L. E. Hoover, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1933, to 4-14 1933
 I last saw him alive on 4-12 1933 Death is said to have occurred on the date stated above, at 12:50 Am.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
(caused by contracting a cold)
1 Day
 Other contributory causes of importance:
Probably Heart disease

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____ (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 _____
 (Signed) W. H. Knatt M. D.
 (Address) Jasper, Mo.

