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.

13169

File No.

Registered No. 1006

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Blue — Primary Registration District No. 1002
City Kansas City (No. K. C. General Hosp. St. Ward)

2. FULL NAME Snyder James
(a) Residence, No. Raleigh Hotel St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1866

7. AGE: Years 67 | Months 2 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) (STATE OR COUNTRY) Del

FATHER
13. NAME Robert Snyder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del.

MOTHER
15. MAIDEN NAME Ann — Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del.

17. INFORMANT Leona Clark
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 5-1-33

19. UNDERTAKER Quick & Tobin Co.
(ADDRESS)

20. FILED 5-1 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1933, to 4-28 1933
I last saw him alive on 4-28 1933. Death is said to have occurred on the date stated above, at 5:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	
99	
162	

Other contributory causes of importance:
Generalized Arteriosclerosis
8

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) P. F. De Mario, M. D.
(Address) Asst. Sup. K. C. Gen Hosp.