

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

Do not use this space.

35007

**1. PLACE OF DEATH**

County..... Registration District No. 31  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. ....) St. .... Ward)

File No. 9215  
 Registered No. ....

**2. FULL NAME**

Warren Henry Snyder  
 (a) Residence, No. 215 Wilson St. Ward. Fall City Neb  
 (Usual place of abode) Fall City Neb. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1884 - July 27</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>4</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Switchman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mo Pac R.R.</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>		
13. NAME <u>Henry Snyder.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hubbard</u>		
15. MAIDEN NAME <u>Eliza Jane</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>G. Barry</u> (ADDRESS) <u>5602 Adams</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fall City Neb</u> DATE <u>Oct 29 1933</u>		
19. UNDERTAKER <u>Chapman and Co</u> (ADDRESS) <u>Fall City Neb.</u>		
20. FILED <u>Oct 25 1933</u> <u>J. J. Brebeck</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1933 to Oct 25 1933  
 I last saw him alive on Oct 25 1933 Death is said to have occurred on the date stated above, at 6:25 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Typhoid Fever Date of onset 10-10  
Bronchopneumonia  
 Other contributory causes of importance:  
None  
 Name of operation None Date of None  
 What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury ....., 19...  
 Where did injury occur? ....., 19...  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ....., 19...  
 Nature of injury ....., 19...

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify John Eschenbrenner, M. D.  
 (Signed by Physician) John Eschenbrenner, M. D.  
 (Address) ISOLATION HOSPITAL

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.

NOV 10 1933

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