

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

Do not use this space.

37106

1. PLACE OF DEATH

County Linn
Township Union
City Linn (No.)

Registration District No. 374-3-3
Primary Registration District No. 102-50-710

File No. 159
Registered No. 10
St. Ward)

2. FULL NAME

Clara M. Snider

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 36 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Snider
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1859
7. AGE YEARS 74 MONTHS 0 DAYS 29 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Iowa

MOTHER 13. NAME Rosace Bishop

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

15. MAIDEN NAME Lidy Van Meter

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

17. INFORMANT Joe Snider
(ADDRESS) Linn, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monroe DATE Nov. 9 1933

19. UNDERTAKER B. F. Mead
(ADDRESS) Braymer, Mo

20. FILED Nov 10 1933 Geo. Mone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to Nov 17, 1933

I last saw her alive on Nov 16, 1933 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Cirrhosis of Breast Date of onset 1920
50.

Other contributory causes of importance: Thyroid affection
Left arm

Name of operation Removal of Breast Date of 1926

What test confirmed diagnosis? None 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) Geo. Mone, M. D.

(Address) Linn

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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