

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

Do not use this space.

39844

1. PLACE OF DEATH
 42. County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 5488
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME J. A. George S. Snuffer
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kellie Terry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1882
 7. AGE YEARS 51 MONTHS 2 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Missouri
 13. NAME B. S. Snuffer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no
 15. MAIDEN NAME Nancy Louisa Horner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no
 17. INFORMANT J. Valentine Snuffer (ADDRESS) Clinton, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12-8 1933
 19. UNDERTAKER Sing General Home (ADDRESS) Clinton, Mo
 20. FILED 12-8 1933 J. R. Hampton Registrar.

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1933
 2. I HEREBY CERTIFY, That I attended deceased from Oct 16 1933, to Dec 6 1933
 I last saw him alive on December 6 1933 Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Causes of Death - Date of onset _____
Dr. note 1. another date of onset of it.
 Other contributory causes of importance: _____
 Name of operation aspiration 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? no Date of injury no 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) S. W. Wolpin M. D.
 (Address) Clinton, Mo

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 as very important.

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

