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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan Registration District No. File No. 4054
Township Primary Registration District No. Registered No. 221
City St Joseph Mo (No. 2609 Kenrick St St. Ward)

2. FULL NAME Wm Wallace Snow
(a) Residence, No. St Joseph Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Snow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-10-1865
7. AGE YEARS 68 MONTHS 3 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry
10. Date deceased last worked at this occupation (month and year) Jan 20-34
11. Total time (years) spent in this occupation 17-

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

FATHER
13. NAME Chas Snow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

MOTHER
15. MAIDEN NAME Margaret Sullen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Unknown

17. INFORMANT (ADDRESS) Susan Snow 2609 Kenrick St
18. BURIAL, CREMATION, OR REMOVAL
PLACE King City DATE 2-25 1934
19. UNDERTAKER (ADDRESS) R. G. Taggart King City Mo
20. FILED 2-24-1934 John K Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1934 to Feb 23 1934
I last saw him alive on Feb 23 1934 Death is said to have occurred on the date stated above, at 12:50 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 2/16/34
10K
10K
Other contributory causes of importance: None
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? None

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) Walter J Hansen, M. D.
(Address) 2802 Jules St St Joseph Mo

[illegible]
[illegible]02-[illegible]