MAR 24 1934

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

Do not use this space.

File No. 5728

Registered No. 67

1. PLACE OF DEATH

County: Marion — Registration District No. 547

Township: Mason — Primary Registration District No. 3024

City: Hannibal (No. Levering Hospital St. Ward)

2. FULL NAME: James Richard Snider

(a) Residence, No. 304 1/2 N. Main St., 1 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

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1-1930

7. AGE: Years 4 Months 1 Days 23-24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

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 COUNTY): Quincy Ill

FATHER

13. NAME: Richard Snider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Marion Co Mo

MOTHER

15. MAIDEN NAME: Hazel Armstrong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Marion Co. Mo.

17. INFORMANT (ADDRESS): Hazel Armstrong Snider Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery DATE Feb. 26-1934

19. UNDERTAKER (ADDRESS): Roy C. Thomas Hannibal Mo.

20. FILED Feb 27 1934 R. H. Sobroler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1934, to 2-24, 1934. I last saw him alive on 2-24, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

He was moribund speechless, pulseless, cold, shallow breathing like one going into diabetic coma

Date of onset

Other contributory causes of importance:

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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? No

If so, specify

(Signed) M. S. Ross, M. D.

(Address) Hannibal, 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 is very important.

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