

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

Do not use this space.

9373

**1. PLACE OF DEATH**

County Gasper Registration District No. 411  
 Township Galena Primary Registration District No. 2.002  
 City Goplen (No. Rte 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William A Sneed  
 (a) Residence, No. Rte 2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</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>Lillie Sneed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26, 1873</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>5</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Mar 4th</u>	
	11. Total time (years) spent in this occupation <u>✓</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Goplen Mo</u>		
FATHER	13. NAME <u>Charles Sneed</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>	
MOTHER	15. MAIDEN NAME <u>Emily Miller</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Goplen Mo</u>	
17. INFORMANT (ADDRESS) <u>Wm Sneed</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Park</u> DATE <u>May 21, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Panther Mortuary Goplen Mo</u>		
20. FILED <u>3-21-34</u> 19 <u>34</u> <u>Ed Jones</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1934, to Mar 20, 1934  
 I last saw him alive on Mar 16, 1934. Death is said to have occurred on the date stated above, at 4:15 Am.  
 The principal cause of death and related causes of importance were as follows:  
Influenza and Vincent's Angina Infection in throat  
Valvular Insufficiency  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of onset 3/5/34

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) E. M. Roseberry, M. D.  
 (Address) Washo 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.

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*Broadhurst*