

MAY 25 1934

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

Do not use this space.

11873  
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File No. \_\_\_\_\_  
Registered No. 36  
St. \_\_\_\_\_ Ward)

## 1. PLACE OF DEATH

County Warren Registration District No. 51 (878)  
Township \_\_\_\_\_ Primary Registration District No. 6167  
City Hume, Mo. (No. R.F.D.#1 \_\_\_\_\_) St. \_\_\_\_\_ Ward)

2. FULL NAME Mrs. Jane B. Snyder.

(a) Residence. No. Hume, Mo. RFD#1 St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 56 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widow.

5A. ~~IF MARRIED, MARRIED, WIDOWED, OR DIVORCED~~  
~~HOUSEWIFE~~  
(OR) WIFE OF John A. Snyder.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 9th, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
91 1 7

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife.  
(b) General nature of industry, business, or establishment in which employed (or employer) Care of Home.  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Circleville,  
(STATE OR COUNTRY) Ohio.

10. NAME OF FATHER Robert Austin  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Virginia.  
12. MAIDEN NAME OF MOTHER Phoebe Gray  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ohio.

14. INFORMANT Miss Emma Snyder.  
(Address) Hume, Mo. RFD#1

15. FILED 5/1 1934 Edna G. Williams  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16th, 1934

17. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1934, to April 16, 1934  
that I last saw him alive on January 20, 1934, and that death occurred, on the date stated above, at 7:30 A. M. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS

Mitral Disease with decompen-  
sation

not known  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED at place of residence.  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? physical diagnosis  
(Signed) H. D. Vintz, M. D.

, 19 \_\_\_\_\_ (Address) Hume, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lawrence Cemetery DATE OF BURIAL 4-17-34

20. UNDERTAKER George A. Konantz. ADDRESS Ft. Scott, 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.

