

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger  
Township Orange  
City \_\_\_\_\_ No. \_\_\_\_\_

Registration District No. 67  
Primary Registration District No. 3-702 C

File No. 11886

Registered No. 10 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

George P. Snider  
(a) Residence, No. 2454 Maple St. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 32 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 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) Feb 27 - 1881

7. AGE YEARS 53 MONTHS 1 DAYS 23 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. A. Grand Home

10. Date deceased last worked at this occupation (month and year) Apr. 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Miller ville Mo.

13. NAME Thomas H. Snider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill Mo.

15. MAIDEN NAME Missouri H. Snider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Miller ville Mo.

17. INFORMANT (ADDRESS) Davie Snider

18. BURIAL, CREMATION, OR REMOVAL PLACE Barbschaffer DATE Apr. 23

19. UNDERTAKER (ADDRESS) A. Arger

20. FILED April 23 1934 W. B. Sander Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22 1934

22. HEREBY CERTIFY, that, attended deceased from Apr. 14, 1934, to Apr. 22, 1934

I last saw him alive on Apr. 22, 1934 Death is said to have occurred on the date stated above, at 2 P. m.

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

Measles, Toxas Pneumonia, in both lungs died Apr 4 of Cardiac failure weak heart caused from Pneumonia

Other contributory causes of importance none

Name of operation no operation Date of Physical Examination

What test confirmed diagnosis? Physical Examination

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) J. M. Finney, M. D.

(Address) Maple St.

