

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Shackles
Township Union
City Union (No. 1)

Registration District No. 282
Primary Registration District No. 2201

File No. 12428
Registered No. 18
St. Union Ward 1

2. FULL NAME

(a) Residence, No. Lee Ann Snider
(Usual place of abode)

St. Union Ward 1

(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 Female 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 Elijah Snider
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15-1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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 COUNTRY) Mo.

13. NAME Johnathan Gregory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Curtis Blake
(ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vincent Cem. DATE Apr. 5 1934

19. UNDERTAKER William Snider
(ADDRESS) Union, Mo.

20. FILED Apr 5 1934 Dr. Snider
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2 1934, to Apr 4 1934
I last saw her alive on April 4 1934. Death is said to have occurred on the date stated above, at 3:25 P.M.

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

Other contributory causes of importance:

Name of operation Diphtheria Date of 10
What test confirmed diagnosis? 10 Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 10 Date of injury 10 1934
Where did injury occur? 10 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 10
Nature of injury 10

24. Was disease or injury in any way related to occupation of deceased? 10
If so, specify John R. Brown M. D.
(Signed) Dr. Snider
(Address) Union, Mo.

