

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

19244

S. NO. 2-A

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

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.

PLACE OF DEATH
County Jefferson Registration District No. 863
Township Chick Primary Registration District No. 6137
City _____ (No. _____) St. _____ Ward _____

FULL NAME Cornelia A. Snider
(a) Residence, No. _____ St. _____ 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

SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

6. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phelba Snider

DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1857

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .hrs. or min.
<u>7</u>	<u>7</u>	<u>4</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner

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) 2 yrs. 11. Total time (years) spent in this occupation 8

BIRTHPLACE (CITY OR TOWN) North Ottoburne
(STATE OR COUNTRY) Indiana

3. NAME Cornelia Snider

4. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

5. MAIDEN NAME Phelba Wharton

6. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

INFORMANT Harry Cummins
(ADDRESS) Houston

7. BURIAL, CREMATION, OR REMOVAL PLACE Central Baptist DATE 5-20, 1934

8. UNDERTAKER Arthur Elwood
(ADDRESS) Houston

FILED 5-20, 1934 Irvin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1934 to 5-20, 1934

I last saw him alive on 5-19, 1934 Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Influenza
1691
11h

Other contributory causes of importance: Old age

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? _____
If so, specify _____ (Signed) J. R. Wagoner, M. D.
(Address) Houston

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. St. W

File No.....

Registered No.....

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos.
(If nonresident, give city or town and State yrs. mos.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased I last saw h., 19....., to Death

I last saw h. alive on., 19..... Death

to have occurred on the date stated above, at. m.

The principal cause of death and related causes of importance were as f.

Date

Other contributory causes of importance:

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.

Where did injury occur?

Specify whether injury occurred in industry, in home, or in public place. (Specify city or town, county, and State)

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)