

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

Do not use this space.

20106

1. PLACE OF DEATH
 County Greene Registration District No. 318 File No. 278
 Township Springfield Primary Registration District No. 2081 Registered No. _____
 City Springfield No. Replest Hospital Ward _____

2. FULL NAME Mabelle Snow
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 FP 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-29-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 5 16

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

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 COUNTY) Stone Co Mo.

FATHER
 13. NAME Frank Cloud
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

MOTHER
 15. MAIDEN NAME Mary Kerk
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

17. INFORMANT Geo Snow
 (ADDRESS) Yellowway Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Yellowway DATE June 17 1934

19. UNDERTAKER Clara Johnson
 (ADDRESS) Springfield Mo

20. FILED 6-16 1934 John W. Dwyer
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10 1934 to June 15 1934.
 I last saw him alive on June 14 1934 Death is said to have occurred on the date stated above, at 47 m.
 The principal cause of death and related causes of importance were as follows:

Perforating ulcer
Stomach
Probably Cancer

Date of onset abt 1928

Other contributory causes of importance:
468 440

Name of operation Repair Pylorus Date of June 9
 What test confirmed diagnosis? no report 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) J. D. Dwyer (M. D.)
 (Address) 623 Woodruff
Springfield Mo

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.

ans.

dp

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10/10/10

Springfield

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Maudie Snow
Who died at _____ on June 15 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 49 Months 5 Days 16

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Preparing Vleer Stomach Month _____ Year _____
Birthplace (State or country) I probably never
Birthplace of father (State or country) _____
Birthplace of mother (State or country) No pathological report
Principal cause of death: _____

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

(Signature of Registrar) [Signature] Date filed 10/29/34
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,
E. T. McLaugh m.d.
g.c.
Special Agent.

Reg. Dist. No. 318
Primary Reg. Dist. No. 2001

RECEIVED BY THE DIRECTOR

OF THE BUREAU OF INVESTIGATION

WASHINGTON, D.C.

5-20106

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 05-20-2010 BY 60322 UCBAW/STP

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