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.

JUL 1 . 1934

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

Do not use this space.

20511

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo (No. 3001, East 6th, St, St. Ward)

2. FULL NAME Margaret Elizabeth Snodgrass,
(a) Residence, No. 3001 East 6th, St., Ward. (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Snodgrass
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-24-1854
7. AGE: YEARS 80 — MONTHS 3 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Ohio

FATHER
13. NAME McAdam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mr. & Mrs. W. R. Snodgrass 3001 East 6th, St,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE June-18-34
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn, Ave,
20. FILED 6-16 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-16-1934
22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1934 to 6/16, 1934
I last saw her alive on 6/15, 1934. Death is said to have occurred on the date stated above, at Am m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 6/12/34

Other contributory causes of importance: Cerebral Hemorrhage.

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) D R Russell, M. D.
(Address) 3231 E. 11 St.

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