

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.

AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Genery  
Township Stonbury  
City Stonbury (No. \_\_\_\_\_)

Registration District No. 314  
Primary Registration District No. 4/90

File No. 24076  
Registered No. 73  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Mabel E. Snow

(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

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>John C. Snow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 10 - 1883</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>5</u>	DAYS <u>0</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>
	11. Total time (years) spent in this occupation <u>✓</u>

12. BIRTHPLACE (CITY OR TOWN) Genery Co. Mo  
(STATE OR COUNTRY)

13. NAME James T. Hazzard  
14. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

15. MAIDEN NAME Salie Edwards

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

17. INFORMANT John C. Snow  
(ADDRESS) Stonbury Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stonbury Mo DATE 7/11/34

19. UNDERTAKER Stonbury Mo  
(ADDRESS)

20. FILED 7/10/34 1934 6506 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1934  
22. I HEREBY CERTIFY, That I attended deceased from May 5, 1934, to July 10, 1934.  
I last saw him alive on July 10, 1934. Death is said to have occurred on the date stated above, at 215 P.M.  
The principal cause of death and related causes of importance were as follows:  
92  
Anterior Sclerotic  
Date of onset \_\_\_\_\_

Other contributory causes of importance 97

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 ✓, 1934  
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. C. Best D.O.  
(Address) Stonbury Mo

Dr. J. C. Beetz