

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Stone. Registration District No. 845.
 Township James. Primary Registration District No. 6109.
 City (No. , St. Ward)

2. FULL NAME

Eliza 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

3. SEX <u>Female.</u>	4. COLOR OR RACE <u>White.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grant Snider.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8, 1866.</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>2</u>	DAYS <u>4</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</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) (STATE OR COUNTRY) <u>Missouri.</u>				
FATHER	13. NAME <u>Peter Periman.</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri.</u>			
	15. MAIDEN NAME <u>Mary Dority</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri.</u>			

17. INFORMANT James Arnold.
 (ADDRESS) Shell Knob, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Nickerson Cemetery DATE July 13, 1934
 19. UNDERTAKER Geo. Miller
 (ADDRESS) Blue Eye, Mo.
 20. FILED 7/14, 1934 H. S. Schumate
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1934
 22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1931, to July 12, 1934
 I last saw her alive on June 29, 1934 Death is said to have occurred on the date stated above, at 2 A.m.
 The principal cause of death and related causes of importance were as follows:
Pellagra and Chronic Interstitial Nephritis.
 Date of onset
 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 , 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) G. Miller, M. D.
 (Address) Blue Eye, Missouri.

MOG 17 1884

