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.

SEP 13 1934

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

Do not use this space.

File No. 28611

Registered No. 55

1. PLACE OF DEATH

County: Cass — Registration District No.: 156

Township: Pleasant Hill — Primary Registration District No.: Cass

City: ..... (No. ..... 2-7-20 ..... St. ..... Ward)

2. FULL NAME Claude M. Snow

(a) Residence, No. County Home Harrisonville (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Walter Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 13 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	7	13	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Labor

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): Sparta Miss

FATHER

13. NAME: Jasper E. Snow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Newspaper

MOTHER

15. MAIDEN NAME: Helen Searle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mass

17. INFORMANT: Mrs Vera L. Dulen

(ADDRESS) 1951 N 30th Kansas City Ks

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

PLACE Kansas City, Kans DATE Aug 30th 1934

19. UNDERTAKER: Fairweather-Kemper

(ADDRESS) 814 N. 12th K. C. Kans

20. FILED 8/30 1934 H. S. Long Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934, to Aug 30 1934

I last saw him alive on Aug 28 1934. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Mitral regurgitation	
of heart	
99A	

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) E. M. Greffet, M. D.

(Address) Creek Town Mo