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.

SEP 5 1934

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

Do not use this space.

30024

1. PLACE OF DEATH
County Macon — Registration District No. 528 — File No.
Township Callao — Primary Registration District No. 5704 — Registered No.
City Callao (No. , St. Ward)

2. FULL NAME Joseph Snell
(a) Residence No. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Snell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2. 1855
7. AGE 78 YEARS — MONTHS 10 — DAYS 17 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) June, 1934
11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Castleton, Stark Co. Illinois

FATHER
13. NAME Daniel Snell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Castleton Stark Co. Illinois

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

17. INFORMANT (ADDRESS) Daniel W. Snell Callao Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Callao Mo DATE Aug 21 1934
19. UNDERTAKER (ADDRESS) G. A. Perry Callao Mo
20. FILED Aug 20 1934 H. L. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1934
22. I HEREBY CERTIFY, That I attended deceased from June 24, 1934, to Aug 19, 1934
I last saw him alive on Aug 17, 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:

	Date of onset
Hypertension	
arteriosclerosis	
Other contributory causes of importance:	
Heat prost.	30

Name of operation Date of
What test confirmed diagnosis? Phys. Exam. 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?
If so, specify
(Signed) W. W. Welch M. D.
(Address) Callao Mo.