

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

Do not use this space.

OCT 17 1934

1. PLACE OF DEATH
 County Oregon Registration District No. 632
 Township Thayer Primary Registration District No. 5834
 City Thayer (No. _____) St. _____ Ward _____

2. FULL NAME John Ellis Snyder
 (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 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 33595
 Registered No. 46

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</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>Clara Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-26-1861</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>7</u>	DAYS <u>25</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>Farmer</u>	
	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 _____ <u>1-21-34</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>York Pa</u>		
MOTHER	13. NAME <u>John Snyder</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Mary Stephens</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DuLland</u>		
17. INFORMANT <u>Mrs Clara Snyder</u> (ADDRESS) <u>Thayer Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Davis Cemetery</u> DATE <u>9-23-34</u>		
19. UNDERTAKER <u>Leo Carr</u> (ADDRESS) <u>Thayer Mo</u>		
20. FILED <u>Sept 30</u> 19 <u>34</u> <u>George Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21-34

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:00 p. m.
 The principal cause of death and related causes of importance were as follows:
Cor
Heart Coronary Arteriosclerosis
8217
 Other contributory causes of importance:
None
 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) Leo Carr
 (Address) Corona

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.

