

NOV 15 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Ralls  
 Township Jasper  
 City          (No.         )

Registration District No. 725-  
 Primary Registration District No. 5960-C

File No. 37055Registered No.          St.          Ward         2. FULL NAME Richard Granville Snedigar

(a) Residence, No.          St.          Ward           
 (Usual place of abode)

Length of residence in city or town where death occurred 20 yrs.          mos.          ds. How long in U. S., if of foreign birth?          yrs.          mos.          ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mae Ledford Snedigar</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept 20 1875</b>		
7. AGE YEARS <b>59</b>	MONTHS <b>1</b>	DAYS <b>4</b>
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. <b>Farmer</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Farming</b>
	10. Date deceased last worked at this occupation (month and year) <b>Oct 9 1934</b>
	11. Total time (years) spent in this occupation <b>Life</b>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ralls Co Missouri**13. NAME **P S Snedigar**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**15. MAIDEN NAME **Matilda Liler**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**17. INFORMANT **Mrs Mae Snedigar**  
(ADDRESS) **Center Mo**18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Vandalia Mo** DATE **10/26/;934** 1919. UNDERTAKER **Giles R Hulse**  
(ADDRESS) **Center Mo**20. FILED **Oct-27, 1934** **J. T. Howard**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 24 1934** 19

22. I HEREBY CERTIFY, That I attended deceased from **Oct 12**, 1934, to **Oct 21**, 1934  
 I last saw him alive on **Oct 21**, 1934 Death is said to have occurred on the date stated above, at **8:45pm**.  
 The principal cause of death and related causes of importance were as follows:

*Flu followed by sudden heart failure after smoking pipes for about week*

Other contributory causes of importance:

Name of operation          Date of           
 What test confirmed diagnosis?          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? at his home  
 (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) P. Hulse, M. D.  
 (Address) Center Mo

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.

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