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.

DEC 28 [illegible]

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

Do not use this space.

40093

1. PLACE OF DEATH
County Moniteau — Registration District No. 575 — File No.
Township Willowfork — Primary Registration District No. 4339 — Registered No.
City Tipton (No. , St. Ward)

2. FULL NAME Peter J. Snorgrass
(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 Mrs. Jessie Snorgrass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	8	28	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Mo.

FATHER
13. NAME Wm Snorgrass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Mo.

MOTHER
15. MAIDEN NAME Susan Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Mo.

17. INFORMANT (ADDRESS) Milo Snorgrass Tipton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Snorgrass Cemetery DATE , 19

19. UNDERTAKER (ADDRESS) Louis G. Imhoff

20. FILED 12-1 1934 Mrs Sarah Frye Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Nov 29, 1934
I last saw him alive on Nov 25, 1934. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis.

Date of onset

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? (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. S. Wilson, M. D.
(Address) Fortuna Mo