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

Do not use this space.

43673

File No.
Registered No. 357

1. PLACE OF DEATH

County: Marion
Registration District No.: 547
Township: ~~Mason~~
Primary Registration District No.: 3029
City: Hannibal, Mo. (No. St. Elizabeth Hospital St. Ward)

2. FULL NAME: Ralph Sneed

(a) Residence, No. St., Ward. Philadelphia, Mo.
(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	Don't know

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Don't know

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer
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): Unknown

FATHER

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

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

17. INFORMANT: Mr. M. C. Feaster
(ADDRESS) Philadelphia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Philadelphia Cem. Dec. 19, 1934

19. UNDERTAKER: Roy P. Schwartz,
(ADDRESS) Hannibal, Mo.

20. FILED Dec. 18, 1934 R. W. Isbister
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 17th, 1934

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 8:05 A. M.

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

	Date of onset
Fractured skull received in automobile accident when car struck stone & brick wall.	
2.10 P.M.	

Other contributory causes of importance:

Name of operation: None 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? Accident Date of injury 12/15, 1934
Where did injury occur? Palmyra, Marion Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place (Highway #61 in Palmyra
Manner of injury: Automobile accident
Nature of injury: Head Injured

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Cecil E. Schwartz, Coroner M.D.
(Address) Hannibal, Mo.