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.

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

JAN 18 1935

Do not use this space.

1. PLACE OF DEATH
County Moniteau
Township Harrison
City ..... (No. ..... St. ..... Ward)

Registration District No. 576
Primary Registration District No. 5773A

File No. 43753
Registered No. Ten

2. FULL NAME Clarence L 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED (write the word)~~ married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1866

7. AGE YEARS 68 MONTHS 4 DAYS 20 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co

FATHER
13. NAME Amos D Snyder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Mary D McNair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) George Tiring High Point

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodman Cem DATE 12/20 1934

19. UNDERTAKER (ADDRESS) Wilhelm & Friedney Co California Mo

20. FILED 12/19 1934 Jewell Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-17-, 1934, to 12-18-, 1934
I last saw him alive on 12-17-, 1934. Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

110 B

Date of onset

Other contributory causes of importance: Acute pleurisy

Name of operation none Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) H. R. Popejoy, M. D.
(Address) California Mo.