

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

Do not use this space.

MAR 23 1935

1. PLACE OF DEATH

County Franklin Co. Registration District No. 294  
Township Central Twp. Primary Registration District No. 54090  
City Marionville (No. ....) St. .... Ward)

File No. 4933

2. FULL NAME

Eva Cornora 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 1934  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 30

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.  
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) Marionville Mo.

MOTHER  
13. NAME St. Claude Snyder  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo.

15. MAIDEN NAME Clara Louise Snyder  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo.

17. INFORMANT (ADDRESS) Clara Snyder Marionville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE Feb 22 1935

19. UNDERTAKER (ADDRESS) Wm. Casey & Co. St. Louis, Mo.

20. FILED March 19 5 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb - 30 1935, to Feb - 27, 1935  
I last saw him alive on Feb - 27, 1935 Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
10/10  
Date of onset 1/2/35  
Other contributory causes of importance:  
Acute Hemiplegia

Name of operation Craniotomy Date of Feb 24 1935  
What test confirmed diagnosis Craniotomy Was there an autopsy? Yes

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) Wm. Casey, M. D.  
(Address) St. Louis, Mo.

