

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 20 1935

8089

1. PLACE OF DEATH

County Boone Registration District No. 77
Township Missouri Primary Registration District No. 511ea
City Huntsdale MO (No.) (St.) (Ward

File No.
Registered No.

2. FULL NAME PATRICK SNODGRASS

(a) Residence, No. Huntsdale MO 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) BABY
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF BABY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1935
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 20

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. BABY
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) Huntsdale

FATHER
13. NAME Robert SNODGRASS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co

MOTHER
15. MAIDEN NAME Pearl Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co

17. INFORMANT (ADDRESS) Robert Snodgrass

18. BURIAL, CREMATION, OR REMOVAL PLACE Nebo DATE March 2nd 1935

19. UNDERTAKER (ADDRESS) R. O. Willett

20. FILED March 9 1935 Mrs. Lucie Ward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1935, to March 1 1935.
I last saw her alive on March 1, 19... Death is said to have occurred on the date stated above, at 6:50 A.M.

The principal cause of death and related causes of importance were as follows:
Mumps Left side
" Right side

Other contributory causes of importance:
Scarlet fever

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify Thyphus fever (Signed) Thyphus fever M. D.
(Address) Columbia MO

