Do not use this space.

9534

MAR 26 1935

1. PLACE OF DEATH

County _Jasper_

Township _____

City _Joplin Mo._ (No. _724 N. Schifferdecker_ St. _____ Ward)

Registration District No. _411_

Primary Registration District No. _2009_

File No. _____

Registered No. _____

2. FULL NAME _Jess S. Snider_

(a) Residence No. _724 N. Schifferdecker_ Street
(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 _Male_

4. COLOR OR RACE _Wh_

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Mar._

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Dec. 17-1894_

7. AGE YEARS _40_ MONTHS _2_ DAYS _20_ If LESS than 1 day, ___hrs. or ___min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _Mechanic_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _Failing Mill_

10. Date deceased last worked at this occupation (month and year) _Mar. Jan 1935_

11. Total time (years) spent in this occupation _1_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Galena Kansas_

FATHER

13. NAME _Silas Snider_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Illinois_

MOTHER

15. MAIDEN NAME _Mahulday Grain_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Missouri_

17. INFORMANT (ADDRESS) _Mrs. Lilly Snider 724 N. Schifferdecker_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Oak Hill Cemetery_ _Mar 11 35_

19. UNDERTAKER (ADDRESS) _Joseph Sievers Co. Joplin Mo._

20. FILED _3-11_ 19_35_ _Ed Sievers_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Mar. 8, 1935_

22. I HEREBY CERTIFY, That I attended deceased from _Mar 5_, 193_5_, to _Mar 5_, 193_5_

I last saw h__ alive on _Mar 5_, 19_5_ Death is said to have occurred on the date stated above, at _9_ a.m.

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

Intracranial Hemorrhage and Shock accidental death

Date of onset _____

Other contributory causes of importance:

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? _Accident_ Date of injury _3-5_, 193_5_

Where did injury occur? _near Chelsea, Ottawa_
(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) _W. G. Logan_, M.D.

(Address) _____