

APR 22 1935

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

Do not use this space.

9867

## 1. PLACE OF DEATH

County MillerRegistration District No. 561Township Eldon, MOPrimary Registration District No. 14330City Eldon, MO (No. W)St. MO Ward 2. FULL NAME Therman Snow(a) Residence, No.  St.  Ward   
(Usual place of abode.)Length of residence in city or town where death occurred 5 yrs.  mos.  ds. How long in U. S., if of foreign birth?  yrs.  mos.  ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 19127. AGE YEARS 22 MONTHS 10 DAYS 10 IF LESS than 1 day, .....hrs. or .....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hand  
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation 12. BIRTHPLACE (CITY OR TOWN) Licking (STATE OR COUNTRY) Missouri13. NAME O. L. Snow14. BIRTHPLACE (CITY OR TOWN) Jeff Co (STATE OR COUNTRY) Illinois15. MAIDEN NAME Emma Giddens16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 17. INFORMANT O. L. Snow (ADDRESS) Eldon, MO18. BURIAL, CREMATION, OR REMOVAL PLACE Allen DATE 3/17/3519. UNDERTAKER D. E. Ryan (ADDRESS) Eldon, MO20. FILED 3-17 1935 Belle Haynes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 193522. I HEREBY CERTIFY, That I attended deceased from March 13, 1935, to March 16, 1935. I last saw him alive on March 15, 1935. Death is said to have occurred on the date stated above, at 2 A m. March 16. The principal cause of death and related causes of importance were as follows:General peritonitis Date of onset 12/13

Other contributory causes of importance:

Ruptured appendixName of operation Appendectomy Date of March 13What test confirmed diagnosis?  Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?  Date of injury , 19Where 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) Ed Shelton, M. D.(Address) Eldon MO

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.

