

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

Do not use this space.

10238

1. PLACE OF DEATH

County Ralls Registration District No. 726
 Township New London Primary Registration District No. 4432
 City New London Mo St. _____ Ward _____

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. New London 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 <u>M.</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/6-35</u> | | | | |
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. | |
| — | — | <u>1</u> | <u>6</u> | |
| 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) <u>New London Mo</u> (STATE OR COUNTRY) | | | | |
| FATHER | 13. NAME <u>Walter Snell</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Ralls Co Mo</u> (STATE OR COUNTRY) | | | |
| MOTHER | 15. MAIDEN NAME <u>Agnes Atterbury</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) <u>Rice Co Mo</u> (STATE OR COUNTRY) | | | |
| 17. INFORMANT <u>Walter Snell</u> (ADDRESS) <u>New London Mo</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>3/14</u> PLACE <u>Blanche</u> DATE _____ 19 <u>35</u> | | | | |
| 19. UNDERTAKER <u>Hubert</u> (ADDRESS) <u>New London Mo.</u> | | | | |
| 20. FILED <u>3/14</u> 19 <u>35</u> <u>Blanche Meason</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1935, to Feb 13, 1935
 I last saw him alive on Feb 13, 1935 Death is said to have occurred on the date stated above, at 4:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Enteritis
119 hr
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) W. J. Waters, M. D.
 (Address) New London 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.

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

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