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

Do not use this space.

APR 26 1935

11574

1. PLACE OF DEATH
County Scott
Township [illegible] Registration District No. 820
City Oran (No.) Primary Registration District No. 4496
File No.
Registered No.
St. Ward)

2. FULL NAME unnamed

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	W	

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/21/35

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oran
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Hurstle Snider
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oran
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Clara Howard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chaffee
(STATE OR COUNTRY) Mo

14. INFORMANT Hurstle Snider
(Address) Oran Mo

15. FILED 4/9, 1935 G. W. Beckman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, ~~That I attended deceased from~~ ..., 19..., to ..., 19...
that I last saw ~~he/she~~ alive on 3/21, 1935, and that death occurred, on the date stated above, at 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth, (6½ mo.)
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY)
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. A. Clinton, M. D.
, 19 (Address) Oran Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Friend Cemetery	3/22 1935
20. UNDERTAKER None	ADDRESS

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.