

MAY 24 1935

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

Do not use this space.

13007  
2009

1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township 1000 Primary Registration District No. 1002  
City Kansas City, Mo. (No. 1000) St. Joseph's Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Mattie Snyder  
(a) Residence, No. 5636 Paseo 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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Snyder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 10 23

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

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) (STATE OR COUNTRY) Brooklyn New York

FATHER 13. NAME Milton E. Natchrup

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

MOTHER 15. MAIDEN NAME Sarah C Madden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Charles F. Snyder 5636 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE 4/22/35

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED 4-20 1935 mom Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/16/35 1935, to 4/19/35 1935.  
I last saw her alive on 4/19/35 1935. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Date of onset

Uremia  
Chronic nephritis 1931

Other contributory causes of importance:  
Pulmonary edema

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Vincent J. Williams M. D.  
(Address) 736 Asseff Bldg. Kansas City

