

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.

1 JUN 19 1935

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

Do not use this space.

15795

1. PLACE OF DEATH

County *Cape Girardeau*

Registration District No. *125*

File No.

Township

Primary Registration District No. *3009*

Registered No. *137*

City

(No. *South St. Hospital*)

St.

Ward

2. FULL NAME

(a) Residence No. *Jackson, Mo.*

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

male

4. COLOR OR RACE

white

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Emma Stevens

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

March 7, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

75

7

16

OCCUPATION

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

Lawyer

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)

Millersville Mo.

FATHER

13. NAME

Wash Snider

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Millersville Mo.

MOTHER

15. MAIDEN NAME

Catherine E. Snider

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Millersville Mo.

17. INFORMANT

(ADDRESS)

Chas. Coffey Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Burial Heights* DATE *May 24, 1935*

19. UNDERTAKER

(ADDRESS)

Ora Smith - Snider Jackson, Mo.

20. FILED

23, 1935 Jim. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 1935, to May 22, 1935

I last saw him alive on *May 22, 1935*. Death is said

to have occurred on the date stated above, at *7 A. M.*

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

Central apoplexy

Date of onset

5/13/35

Other contributors causes of importance:

hypertension, Phosphenic therapy

Name of operation

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)

Dr. H. H. H. H.

M. D.

(Address)

Jackson, Mo.

