

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

AUG 23 1935

23469

1. PLACE OF DEATH

County Jefferson
 Township Union
 City R.R. 1-25 to (No. _____)

Registration District No. 420
 Primary Registration District No. 5574

File No. _____
 Registered No. 152
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Box 57-12 R. 1 St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 7 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 Mildred Bronsch Snider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1884

7. AGE YEARS 51 MONTHS 5 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Conrad Snider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Melvin Kingly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mildred Snider (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE July 29 1935

19. UNDERTAKER Motherhead (ADDRESS) Wesley

20. FILED 7/28 1935 Wesley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1935, to 7-26, 1935.
 Last saw him alive on 7-26, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

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

Coronary Occlusion Date of onset 7-26 1935

Other contributory causes of importance: Malnutrition

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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 _____, 1935

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? If so, specify _____

(Signed) Chas E. Galt, M. D.

(Address) Ac 204 Mo

