

WRITE PLAINLY, WITH FADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

40482

1. PLACE OF DEATH

74 County Nodaway Registration District No. 625
Township _____ Primary Registration District No. 3031
8 City Maryville (No. _____, St. _____, Ward _____)

2. FULL NAME Grace C. Snook

(a) Residence, No. Park Ave., 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claude B. Snook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	75	9	87	

OCCUPATION

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

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) Ohio.

FATHER 13. NAME John B. Chamberlain

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

MOTHER 15. MAIDEN NAME Mary L. Boone

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

17. INFORMANT Mrs. Norman Chamberlain
(ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE K. C. Co. DATE Dec. 5, 1935

19. UNDERTAKER (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED 12-5, 1935 Maurice E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Seaman, 1930, to Dec 2, 1935

I last saw her alive on Dec 2, 1935. Death is said to have occurred on the date stated above, at 9:45 P.M.

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

Chronic myocarditis e Heart failure.

Date of onset

Sept 1935

Other contributory causes of importance:

Apoplexy, Cancer of rectum

1932

Name of operation None Date of _____
What test confirmed diagnosis? Exam 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) James Lowler, M. D.
(Address) Maryville

