

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.

JAN 21 1936

1. PLACE OF DEATH

County Scott
Township 2nd
City Union (No. 1)

Registration District No. 814
Primary Registration District No. 6063

File No. 42139
Registered No.
St. Ward

2. FULL NAME Frank Jacob Snider

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF E Elizabeth Snider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5, 1856

7. AGE YEARS 77 MONTHS 3 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) 2 years 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jonesboro (STATE OR COUNTRY) Ill.

13. NAME Chas. A Snider

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

15. MAIDEN NAME Theresa Hahler

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

17. INFORMANT (ADDRESS) Chas A. Snider
Dowdell Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wightney Cem. DATE 12/24/1935

19. UNDERTAKER (ADDRESS) Bispling Hohlhubers
Union Mo

20. FILED Dec 24 1935 U. P. Haw Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC-23 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1935, to Dec 23, 1935

I last saw him alive on Dec 23, 1935 Death is said

to have occurred on the date stated above, at 9 P. m.

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

Lobar pneumonia

Other contributory causes of importance 100

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) U. P. Haw, M. D.
(Address) Beatty Mo

