

MAR 16 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4787

1. PLACE OF DEATH

County ButlerRegistration District No. 89

Township

Primary Registration District No. 3007City Poplar Bluff, Mo.Poplar Bluff Hospital

File No.

Registered No. 49

St.

Ward)

2. FULL NAME Jerry Leon Snider

(a) Residence, No.

St.

Ward.

Campbell, Mo.

(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)

Single

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

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

Aug. 23, 1933

7. AGE

YEARS

2

MONTHS

5

DAYS

29

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

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

School-child

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)

Campbell, Missouri

MOTHER FATHER

13. NAME

Coy Snider

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

Campbell, Missouri15. MAIDEN NAME Mildred Baker

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

Bloomfield, Missouri

17. INFORMANT (ADDRESS)

Coy Snider, Campbell, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Malden Cem.PLACE Malden, Mo.DATE 2/23/36

19. UNDERTAKER (ADDRESS)

Landess Und. Co., Campbell, Mo.

20. FILED

2/23 193636Attorney

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2/221936

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 3:00 P.M.

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

Acute Myo-carditis

Date of onset

Other contributory causes of importance

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)

(Address)

M. D.

1
2
3
4
5

1