

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

Do not use this space.

**MAR 23 1936**

**6695**

1. PLACE OF DEATH **Livingston,**

County **Livingston,**

Township **Monroe,**

City **Monroe,**

Registration District No. **574**

Primary Registration District No. **2085**

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **John George Snider,**

(a) Residence, No. **Monroe Township-Livingston County,**

Length of residence in city or town where death occurred **10** 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. <del>Married, Widowed, or</del> <b>Widowed,</b> (write the word)
5A. IF <del>Married, Widowed, or</del> HUSBAND OF (or) <b>Widow</b> OF <b>Eva Snider,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb.-3rd.-1855</b>		
7. AGE <b>81</b>	YEARS <b>0</b>	MONTHS <b>14</b>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Retired Minister</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Preaching,</b>		
10. Date deceased last worked at this occupation (month and year) <b>20 years ago.</b>		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (CITY OR TOWN) **Indiana,**  
(STATE OR COUNTRY)

13. NAME **Snider,**

14. BIRTHPLACE (CITY OR TOWN) **Not Known,**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Cameron,**

16. BIRTHPLACE (CITY OR TOWN) **Not Known,**  
(STATE OR COUNTRY)

17. INFORMANT **Lawrence Snider**  
(ADDRESS) **McKendree, Mo.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **McGoskrie Cemetery, Feb. 1936**

19. UNDERTAKER **E. P. McDaniel**  
(ADDRESS)

20. FILED **Feb 24, 1936** **Geo. Moore**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 17, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 17, 1936, to Feb 17, 1936**

I last saw him alive on **Feb 17, 1936** Death is said

to have occurred on the date stated above, at **4 p. m.**

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

**Senility (arteriosclerosis) 1936**

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? **No**

If so, specify \_\_\_\_\_

(Signed) **Geo. Moore**, M. D.

(Address) **Bedford Mo.**

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.

