

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

Do not use this space.

APR 23 1936

10696

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Memorah Hospital)

File No.
Registered No. 1365 St. Ward)

2. FULL NAME

Otho C. Snider

(a) Residence, No. 320 East 45th 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline Ellison Snider</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 16, 1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>6</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	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

13. NAME Martin Snider

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

15. MAIDEN NAME Adaline Rohrer

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

17. INFORMANT Ridenour Raymond
(ADDRESS) 5901 Grand Ave. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE March 14, 1936
Mt. Washington Cem.

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 3-13, 1936 M. M. Crowl, Esq.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/17/36, 19... to 3/12/36, 19...
I last saw him alive on 3/12/36, 19... Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

Septicemia General -
Bronch. Pneumonia B.teroid - Septic.
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Other contributory causes of importance:
Urine Retention
Suprapubic Drainage
Prostatic Enucleation

Name of operation Prostatectomy Date of 2/2/36
What test confirmed diagnosis? Ascarabody 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?
If so, specify No
(Signed) A. C. ..., M. D.

(Address) 1019 Prof. Bldg

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.

No. 4022

JUL 15 1958