MAY 25 1936

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

Do not use this space.

16376

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No.
Township — Primary Registration District No. 4403 — Registered No. 48
City Rolla (No. , St. Ward)

2. FULL NAME Wanda Maxine Snodgrass
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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) Oct 21 - 1921
7. AGE: YEARS 14 — MONTHS 4 — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attending School
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) 4-14-36
11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo

FATHER
13. NAME Geo W. Snodgrass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Mo

MOTHER
15. MAIDEN NAME Phoeba Walls
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo

17. INFORMANT (ADDRESS) Geo W. Snodgrass Vienna Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Snodgrass Cem DATE 4-24 1936
19. UNDERTAKER (ADDRESS) W E Ricklider St James Mo
20. FILED April 24 1936 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936, to April 22, 1936
I last saw her alive on April 22, 1936 Death is said to have occurred on the date stated above, at 11:45 Am.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset
11a
Other contributory causes of importance:
Influenza.
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) R. [illegible] McFarland, M. D.
(Address) [illegible] 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.