

AUG 24 1936

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

Do not use this space.

26799

1. PLACE OF DEATH

County Jackson

Registration District No. _____

File No. _____

Township _____

Primary Registration District No. _____

Registered No. 32711

City Kansas City

No. Vanoyard Park Hospital

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward Salem Neb

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 8 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 _____ 1917

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1919

7. AGE YEARS 19 MONTHS — DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) 7-10-1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

13. NAME Oran C. Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Lena Houch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Albert D. Snyder

18. BURIAL, CREMATION, OR REMOVAL PLACE Wald City Mo DATE 7-25-1936

19. UNDERTAKER (ADDRESS) Wibison, 1207 Kansas City, Kansas

20. FILED 7-24-36 M. M. Crave, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1936 to Aug 24 1936

I last saw him alive on Aug 24 1936. Death is said to have occurred on the date stated above, at 8 a. m.

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

Atherosclerosis Date of onset 5-1-36

Other contributory causes of importance: Myocardial infarction 7-23-36

Name of operation Autopsy Date of 7-23-36

(What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. V. Sheldon, M. D.

(Address) 222 Walnut

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.

