

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.

09. Martin
ms

SEP 23 1936

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

Do not use this space.

26968

1. PLACE OF DEATH

County *Jackson*
Township *Sumner*
City *Grain Valley Mo*

Registration District No. *402*
Primary Registration District No. *5551B*

File No.
Registered No.
St. Ward)

2. FULL NAME

Mr. Martin Snodgrass

(a) Residence, No. 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 18-88*
7. AGE YEARS *48* MONTHS *0* DAYS *12* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farmer*
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) *Grain Valley Mo*

MOTHER FATHER 13. NAME *Palmer Snodgrass*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Grain Valley Mo*

15. MAIDEN NAME *Sarah Potts*

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

17. INFORMANT *Ellen Snodgrass*
(ADDRESS) *Grain Valley Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Blue Springs Mo* DATE *8-1-36*

19. UNDERTAKER *R. Webb*
(ADDRESS) *Blue Springs Mo*

20. FILED *Aug 8 1936* *Mrs. A. H. Mann*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 30 1936*

22. I HEREBY CERTIFY That I attended deceased from *July 4* 1936 to *July 30* 1936
I last saw him alive on *July 30* 1936. Death is said to have occurred on the date stated above, at m.

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

Access of Lung following flu 8/1935

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)

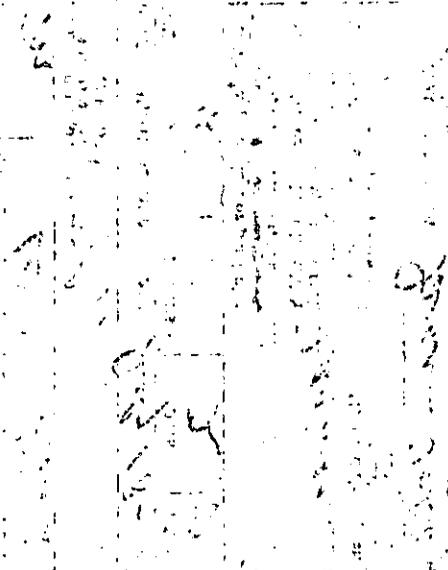
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) *J. K. Gaultier* M. D.
(Address) *Grain Valley Mo*

2-11-43
100/100



09

11