

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.

AUG 18 1936

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

Do not use this space.

791

28369

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. (No. Missouri Baptist Hospital) St. Ward)

File No.
Registered No. 7132
St. Ward)

2. FULL NAME Earl Sneed Big Piney Mo nr St. Ward.
(a) Residence, No. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8 1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 9 5

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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Big Piney Mo.
13. NAME S. B. Sneed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.
15. MAIDEN NAME Dora Seales
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Everett Sneed
(ADDRESS) 474 S. Harrison, Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Piney Mo. DATE July 15 1936

19. UNDERTAKER Louis H. Bonn
(ADDRESS) Kirkwood Mo.

20. FILED 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1936
22. I HEREBY CERTIFY, That I attended deceased from July 6 1936 to July 13 1936
Last saw him alive on July 13 1936. Death is said to have occurred on the date stated above, at 1:15 p.
The principal cause of death and related causes of importance were as follows:

Pulmonary embolism

Other contributory causes of importance:
Acute appendicitis

Name of operation Appendectomy Date of 7/7/36
What test confirmed diagnosis? 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

(Signed) C. H. Talbot, M. D.
(Address) 2215 Redman Rd
St Louis Co. Mo

Registrar

