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

SEP 21 1938

Do not use this space.

30295

1. PLACE OF DEATH
County Clay Co. Registration District No. 198 File No.
Township Fishing River Primary Registration District No. 3a 11 Registered No.
City Excelsior Spg Mo. (No. , St. Ward)

2. FULL NAME Sierra Nevada Snider
(a) Residence, No. Anderson Apartments St. Broadway Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Abner W. Snider
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8, 1860
7. AGE: YEARS 76 MONTHS 6 DAYS 7 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
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. ✓
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): Ray Co. Mo.

FATHER
13. NAME: Cyrus Furguson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co. Mo.

MOTHER
15. MAIDEN NAME: Artesia Titus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Mrs. Curtis Craven Maywood Neb.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Aug. 16, 1936
19. UNDERTAKER (ADDRESS): Herbert Hope Excelsior Spgs. Mo.
20. FILED 8-15-, 1936 Mn. Rea M. Crocker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1936 to Aug 15, 1936
I last saw her alive on Aug 14, 1936 Death is said to have occurred on the date stated above, at 3A m.
The principal cause of death and related causes of importance were as follows:
Intestinal intoxication — Date of onset 7-28-36
Retention urine for 5 or 6 days before death
uremia 132 b

Other contributory causes of importance:
Nervous breakdown 5 or 6 yrs ago

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) Y. D. Craven, M. D.
(Address) Excelsior Springs Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.