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.

SEP 21 1936

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

Do not use this space.

30403

1. PLACE OF DEATH
County Dade — Registration District No. 1101 — File No. 123
Township South — Primary Registration District No. 3331 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Louttie May Snaden

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jim Snaden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-1-1876

7. AGE — YEARS 58 — MONTHS 7 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
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) Joplin Airport

FATHER
13. NAME Benjiman A Daugherty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Missouri Coldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co.

17. INFORMANT (ADDRESS) Jim Snaden South Greenfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pennsboro DATE 8-12 1936

19. UNDERTAKER (ADDRESS) Monroe & Leiman Miller Mo

20. FILED 8-17 1936 Geo L. Weir Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10- 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1936, to Aug 9th 1936
I last saw her alive on Aug 9th 1936. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 6-1-36

122

Other contributory causes of importance:
Mitral Insufficiency.

Name of operation none — Date of .....
What test confirmed diagnosis? Symptoms + Paralysis — 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? no
If so, specify .....
(Signed) L. I. Holmes, M. D.
(Address) Miller Mo