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.

30536

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No.
Township Howard — Primary Registration District No. 5434 — Registered No. 61
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James Benjamin Snead
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sara Jane Snead Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1847

7. AGE — YEARS: 89 — MONTHS: 1 — DAYS: 1 — 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. 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) Tenn

FATHER
13. NAME Joseph Snead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Nancy Bolting
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) A H Snead Albany Mo RFD 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cogen DATE Aug 10 1936

19. UNDERTAKER (ADDRESS) W G Noble New Hampton Mo

20. FILED Sept 2, 1936 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1936, to Aug 8, 1936
I last saw him alive on Aug 8, 1936 Death is said to have occurred on the date stated above, at 12 20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Old age

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 Aug 7, 1936
Where did injury occur? Gentry Co (Specify city or town, county, and State)
Specify whether injury occurred ~~in industry~~, in home, or ~~in public place~~.
Manner of injury Fell and struck head
Nature of injury Struck head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Charles N. Williamson, ~~M.D.~~ D.O.
(Address) Gentry Mo