

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

Do not use this space.

33739

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH, MO. (No. 1701 CENTER)

85
Registration District No. _____
Primary Registration District No. 1001

File No. _____
Registered No. 1208
St. _____ Ward _____

2. FULL NAME REV. JACOB ANDREW SNARR

(a) Residence, No. 1701 CENTER St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 WHT. | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MENERVIA DELIA SNARR</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 28TH, 1856</u> | | |
| 7. AGE YEARS 80 | MONTHS 4 | DAYS 24 |
| If LESS than 1 day, _____ hrs. or _____ min. | | |

| | |
|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINISTER |
| | 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) <u>SEPT. 1936</u> |
| 11. Total time (years) spent in this occupation 58 | |

12. BIRTHPLACE (CITY OR TOWN) NEAR WOODSTOCK, VA.
(STATE OR COUNTRY)

FATHER 13. NAME WM. SNARR

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN VA.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)

17. INFORMANT MENERVIA DELIA SNARR
(ADDRESS) 1701 CENTER ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE SEPT. 24TH, 1936

19. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1946 CALHOUN ST. JOSEPH, MO.

20. FILED 9-24, 1936 J. Nestlehusch
By Jc Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 22ND, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1936 to Sept 22, 1936
I last saw h. IM alive on Sept 22, 1936 Death is said to have occurred on the date stated above, at 5.45 A. m.

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

Lobar pneumonia Date of onset 9-21-36
108
Other contributory causes of importance:
Cirrhosis of liver
Serility

Name of operation _____ 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? _____ 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) C. Bryant M. D.
(Address) 6207 King Hill Ave, St Joseph, Mo.

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.

