

490
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

OCT 21 1936

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

Do not use this space.

34739

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Galena Primary Registration District No. 2002 File No. _____
 City Joplin No. 724 N. Schiffedecker Registered No. _____
 (St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 724 N. Schiffedecker Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 22 - 1928</u>		
7. AGE	YEARS <u>8</u>	MONTHS <u>7m</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) Joplin MO
 (STATE OR COUNTRY)

13. NAME Jesse S Snider

14. BIRTHPLACE (CITY OR TOWN) Galena Kans
 (STATE OR COUNTRY)

15. MAIDEN NAME Lillian Bley

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

17. INFORMANT Melvin Snider
 (ADDRESS) 724 N Schiffedecker Ave

18. BURIAL, CREMATION, OR REMOVAL Galena
 (PLACE) Car Hill Cemetery DATE Mar - 14 36

19. UNDERTAKER Frank Sievers Co
 (ADDRESS) 421 - 1/2 - 1st St

20. FILED 9-12 19 36
Ed James
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 36

22. I HEREBY CERTIFY, That I attended deceased from 3-4 36, 1936, to 9-11 36, 1936

I last saw him alive on 9-11 36, 1936. Death is said

to have occurred on the date stated above, at 445 E.

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

3rd Burns trunk + legs - from burning trash near home -
 Other contributory causes of importance: 181
3rd Burns
Mocroditia acuta

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? accident Date of injury 3-4 36, 1936

Where did injury occur? Joplin, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
in home

Manner of injury 2nd degree Burns
 Nature of injury was burning trash

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) Arthur J. Freeman, D.O.
 (Address) Joplin, Mo

