

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

Do not use this space.

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36729

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. STATE HOSPTL. #2)

File No. 1252

Registered No. 1252

2. FULL NAME

E. H. Snyder (SNYDER)

(a) Residence, No. State Hosp #2 St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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 Martha E. Snyder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? / 1883 ?

7. AGE YEARS 81 MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bldg contractor 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) 1930 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. -

FATHER 13. NAME W. P. Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Sarah Trowler

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

17. INFORMANT State Hosp. Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE FRAZIER MO. DATE OCT. 5TH. 19. 35

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

20. FILED 10-5 1936 A. J. Nestlebusch Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1936, to 10-3- 1936.

I last saw him alive on 10-3 1936. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Broncho-pneumonia.

Date of onset

Other contributory causes of importance: Fracture left femur

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? 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.

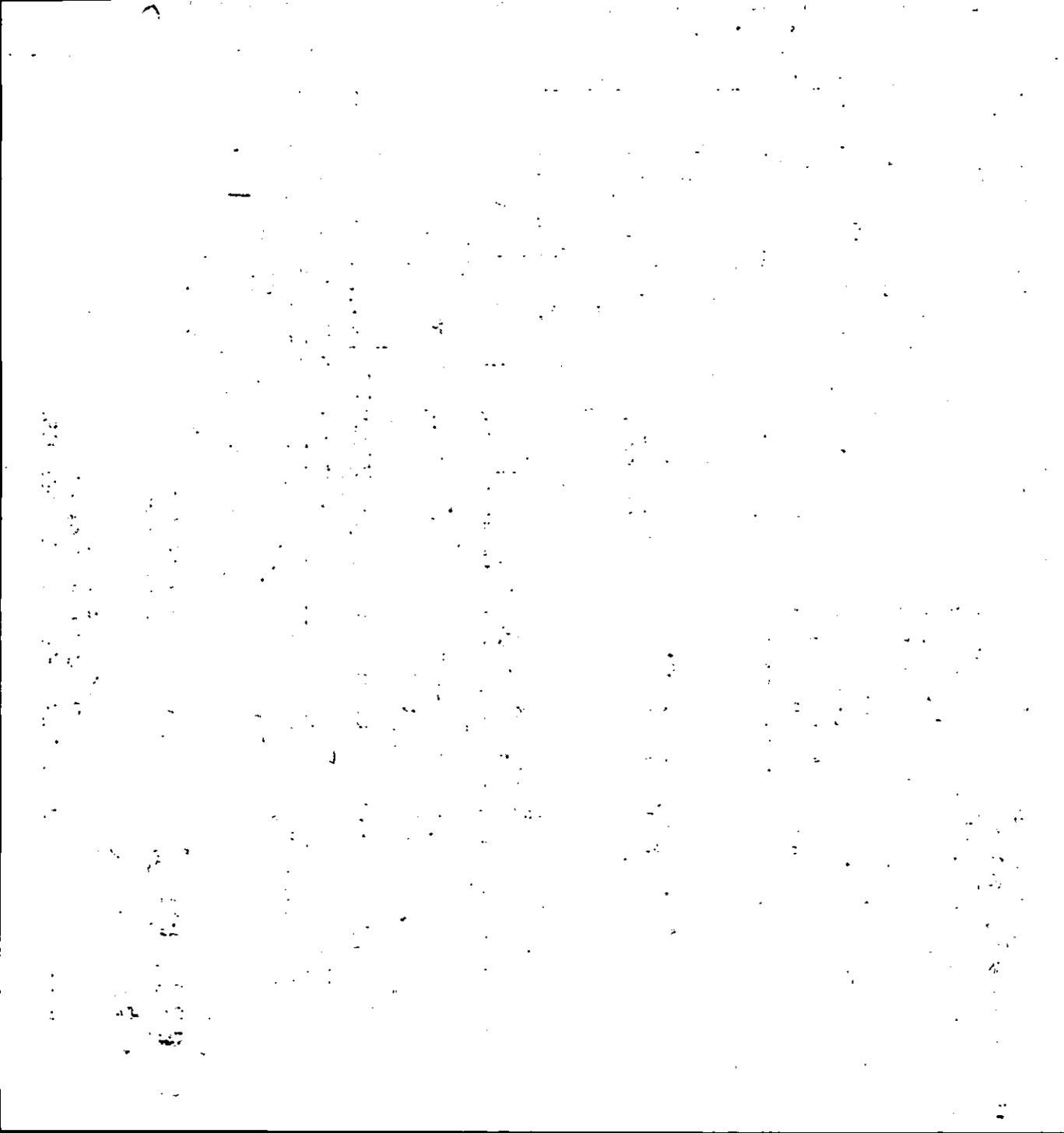
Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. E. DeLong (R. B. Davis, M. D.)

(Address) State Hosp. #2

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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1. PLACE OF DEATH

County Buchanan Registration District No. 85-
 Townshp. St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. _____, _____, _____) St. _____ Ward _____

File No. _____
 Registered No. 1252

2. FULL NAME

E. H. Snyder
 (a) Residence, No. _____ St. _____ 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 male 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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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) _____

FATHER
 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19. _____

19. UNDERTAKER (ADDRESS) _____

20. FILED JAN 6 19 1937 A. Westbush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance:
fracture of left femur

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 July 19, 1936
 Where did injury occur? at home - St. Joseph Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury Fall in his home secondary to Senile Debility
 Nature of injury Fracture of R. Hip. (Femur)

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

If so, specify _____ (Signed) C. C. McLaugh M. D.

(Address) State Hosp #2

SUPERINTENDENT

S-36789