

OCT 21 1936

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

Do not use this space.

36892

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

File No.

Registered No.

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Alvin Snow

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

August 15-1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

64

2

7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

same

10. Date deceased last worked at this occupation (month and year)

at end of life

11. Total time (years) spent in this occupation

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

Greenfield Ohio

FATHER

13. NAME

Addis Murdock

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

Ohio

MOTHER

15. MAIDEN NAME

dont know

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

dont know

17. INFORMANT (ADDRESS)

Myrtle Pennington 3226 Charlotte St. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ridder, Mo.

DATE

Oct. 24, 1936

19. UNDERTAKER (ADDRESS)

P. F. Powell Ridder, Mo.

20. FILED

Oct. 23, 1936 P. F. Powell

Registrar

MEDICAL CERTIFICATE OF DEATH

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

10/22/1936

1936

22. I HEREBY CERTIFY, That I attended deceased from

10/21

1936

to 10/22/1936

1936

I last saw him alive on 10/22/1936. Death is said

to have occurred on the date stated above, at 12:00 P.M.

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

Cerebral hemorrhage
hypertensive heart disease
Chronic Nephritis

Date of onset

Other contributory causes of importance:

131

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 1936

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. Bloom, M.D.

M.D.

(Address)

Ridder, 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.

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