

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.

JAN 20 1937

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

Do not use this space.

45210

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Barren Primary Registration District No. 2002
City Joplin (No. 715 West 12th Street) St. _____ Ward _____

2. FULL NAME

Nicholas Snider

(a) Residence, No. 715 West 12th St., _____ Ward. _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 5 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 Anna Snider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 3 12

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

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) Switzerland

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Thermer Snider (ADDRESS) Renewey

18. BURIAL, CREMATION, OR REMOVAL PLACE Weaver Cem. DATE Dec. 26, 1936

19. UNDERTAKER Lanpher Mortuary (ADDRESS) 1502 Main St., Joplin, Mo.

20. FILED 12-26-1936 E. D. Janner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1936 to Dec 23, 1936

I last saw him alive on 12-23, 1936 Death is said to have occurred on the date stated above, at 9:00 a. m.

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

Coronary Sclerosis
Old age

Other contributory causes of importance:

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 _____, 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 Daniel R. Patis, M. D.
(Signed) _____
(Address) 802 Main Joplin

