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

JAN 27 1937

Do not use this space.

47350

1. PLACE OF DEATH
County Stoddard — Registration District No. 838
Township Liberty — Primary Registration District No. 6098B.
City ..... (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME John-Thelbert-Snider Jr.

(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. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	White	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-17-1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	16	6	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy.
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) (Near) Dexter (STATE OR COUNTRY) Mo.

FATHER
13. NAME John-T. Snider Sr.
14. BIRTHPLACE (CITY OR TOWN) Dexter (STATE OR COUNTRY) (Near) Mo.

MOTHER
15. MAIDEN NAME Emma-L-Cliff.
16. BIRTHPLACE (CITY OR TOWN) Nopkins Co. (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Jno. T. Snider. Dexter Mo.

18. BURIAL, CREMATION, OR REMOVAL
Smith-Stevenson. Cemitary PLACE DATE 12-22- 1936

19. UNDERTAKER Rice-Jameson Co. (ADDRESS) Dexter Mo.

20. FILED 1-7 1937 Mrs. M. B. Gamel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-22-, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-17-, 1936, to Dec-22-, 1936
I last saw him alive on Dec-21-, 1936 Death is said to have occurred on the date stated above, at 1 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia. (Double).	
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 .....
(Signed) J. Frank Parker, M. D.
(Address) Dexter 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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD