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.

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

Do not use this space.

1107

JAN 20 1937

1. PLACE OF DEATH
County Howard, Registration District No. 898
Township Richmond, Primary Registration District No. 5-26
City ..... (No. ....., ..., St. ..... Ward)
File No. 86
Registered No. 86

2. FULL NAME John Alexander Snider,

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Io/2nd I858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	3	#	

OCCUPATION

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) Virginia,

FATHER

13. NAME Dan Snider,

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

MOTHER

15. MAIDEN NAME Mary e. Gollidy,

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

17. INFORMANT (ADDRESS) Carl Snider, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary DATE I.3rd I937

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED Jan. 5 1937 W. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) I.2nd I937 .19

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936, to Jan 2, 1937

I last saw h... alive on Jan 6, 1936 Death is said to have occurred on the date stated above, at P.M. m.

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

	Date of onset
Carcinoma Stomach	1936

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

28. 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. E. Pinkerton, M. D.

(Address) .....