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.

FEB 18 1937

1. PLACE OF DEATH

81 County Phelps — Registration District No. 678 — File No. 2582

Township St. James — Primary Registration District No. 5904 — Registered No.

City ..... (No. ..... , 2 ..... St. ..... Ward)

2. FULL NAME Wm Gus Snyder

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): Still Born

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4 - 1937

7. AGE ✓ YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, Still Born or ..... min.

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) St James Hospital (STATE OR COUNTRY) St James Mo

FATHER

13. NAME Roy E Snyder
14. BIRTHPLACE (CITY OR TOWN) Cooper Hill (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Rose McNalls
16. BIRTHPLACE (CITY OR TOWN) Steeleville (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Father

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

19. UNDERTAKER (ADDRESS) Family took charge

20. FILED 2-8- ,1937 Mrs. W. F. Houk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Uncertain ,19

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 ,19 37, to Jan 4 ,19 37
I last saw him alive on Still born ,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:

Still Born — Date of onset

Other contributory causes of importance: Uncertain {Luetic?}

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?
If so, specify
(Signed) E. A. Scott ,M. D.
(Address) St James Hospital St James Mo