FEB 9 1937

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

Do not use this space.

File No. 2708

Registered No. 9

1. PLACE OF DEATH
County: Randolph
Township:
City: Moberly (No. , St. Ward)

Registration District No. 735
Primary Registration District No. 9094

2. FULL NAME: Orson A. Snow

(a) Residence, No. 215 S. 4th St., 3rd Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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: W
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED (write the word)~~

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Ethel Snow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19 1875

7. AGE: Years 61 | Months 10 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carbinner
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): Jan. 11 1937
11. Total time (years) spent in this occupation: 32

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

FATHER
13. NAME: Orla Snow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

MOTHER
15. MAIDEN NAME: Marilla Beckley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

17. INFORMANT: Ethel Snow
(ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL: Parlor Crem.
PLACE Moberly DATE Jan 14 1937

19. UNDERTAKER: Snow Funeral Home
(ADDRESS)

20. FILED 1/13 1937 Virginia Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1936, to Jan. 11, 1937
I last saw him alive on Jan. 8, 1937. Death is said to have occurred on the date stated above, at 7:45 P.m.
The principal cause of death and related causes of importance were as follows:

Endocarditis acute — Date of onset 12-21-36

Other contributory causes of importance:

Name of operation: — Date of: —
What test confirmed diagnosis? Physical Examination Was there an autopsy? No.

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) L. L. McCormick, M. D.
(Address) Moberly, 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 INKPADDING INK—THIS IS A PERMANENT RECORD