

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.

Dr. G. G. G. FEB 29 1937

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

Do not use this space.

2866

1. PLACE OF DEATH
 County St. Francois Registration District No. 775
 Township Big River Primary Registration District No. 6019
 City Booneville, Mo. R-1 (No. 7) St. _____ Ward)

2. FULL NAME Mildred A. Snyder
 (a) Residence, No. Booneville R-1 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William W Snyder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16, 1877</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>11</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	11. Total time (years) spent in this occupation <u>1</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2 1/2</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Booneville Missouri R-1</u>		
MOTHER	13. NAME <u>William Peattie</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Booneville Missouri R-1</u>	
	15. MAIDEN NAME <u>Elizabeth Butler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Booneville Missouri R-1</u>	
17. INFORMANT (ADDRESS) <u>William W Snyder Booneville R-1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Booneville Cemetery</u> DATE <u>Jan 6, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Berham Glad Co Booneville R-1</u>		
20. FILED <u>Jan 6, 1937</u> <u>N. W. Hawkins</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec. 26, 1936 to Jan. 4, 1937
 I last saw her alive on Dec. 29, 1936. Death is said to have occurred on the date stated above, at 5:50 a. m.
 The principal cause of death and related causes of importance were as follows:
Miliary Tuberculosis (2)
 Date of onset

Other contributory causes of importance: [Signature]

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) R. B. Lester M. D.
 (Address) Booneville Mo.

