

MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau  
Township Bryant  
City St. Louis (No. 1)

Registration District No. 124  
Primary Registration District No. 5779

File No. 5320  
Registered No. 8

2. FULL NAME

(a) Residence, No. A. W. Snider  
(Usual place of abode) Cape Girardeau Co. Home St.  
Length of residence in city or town where death occurred yrs. mos. ds.

Ward. 1

(If nonresident, give city or town and State)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1865

7. AGE YEARS 71 MONTHS 6 DAYS 21 If LESS than 1 day, hrs. min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Farming  
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) Oak Ridge  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Barnett Snider

14. BIRTHPLACE (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Sewell

16. BIRTHPLACE (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

17. INFORMANT Mrs. C. D. Randol  
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge, Mo. DATE Feb. 6th 1937

19. UNDERTAKER Macke-Wilson-Howard  
(ADDRESS) Jackson, Mo.

20. FILED 7-6 1937 D. B. Snider  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1937 to Feb 5 1937  
I last saw him alive on Feb 5 1937 Death is said to have occurred on the date stated above, at 5 P m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia  
hypertension  
chronic nephritis 1933

Other contributory causes of importance:  
chronic nephritis 1933

Name of operation 131 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. P. Snider M. D.

(Address) Jackson Mo



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**1. PLACE OF DEATH**

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

**2. FULL NAME**

(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
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)

Total time (years)  
spent in this  
occupation

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER  
(ADDRESS)

20. FILED

19

37

D. G. Luber

Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 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:

Date of onset

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?.....

If so, specify.....

(Signed).....

M. D.

(Address).....

A. 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.

5-5320