

MAR 13 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 4709, Rockhill Rd.)

Registration District No. 399  
Primary Registration District No. 1002

File No. 6372  
Registered No. 250  
St. 5th Ward

## 2. FULL NAME

Robert M. Snyder  
(a) Residence, No. 4709 Rockhill Rd. St. 5th Ward.

(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 male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-17-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 0 22

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. writer Retired  
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) Kentucky

MOTHER FATHER  
13. NAME Roland Snyder

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

15. MAIDEN NAME Frances Ford

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

17. INFORMANT Wm. K. Snyder  
(ADDRESS) 4709 Rockhill Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Feb 12, 1937

19. UNDERTAKER Stine & Mc Clure  
(ADDRESS) K. C. Mo.

20. FILED 2-10, 1937 M. M. Crowe, ass't  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1911, to Feb 9, 1937

I last saw him alive on Feb 1, 1937 Death is said to have occurred on the date stated above, at 5:10 P.M.

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

Coronary Arteriosclerosis Date of onset 2/9/37

Other contributory causes of importance: 94B

Coronary sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? M Date of injury 1, 19.....

Where did injury occur? K (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury V

Nature of injury V

24. Was disease or injury in any way related to occupation of deceased? M

If so, specify P. T. Bohan, M. D.

(Signed) P. T. Bohan, M. D.

(Address) Mid Ash Bldg K.C. 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.

