

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. St. Joseph's Hospital)

File No. 11167
Registered No. 278
Ward

2. FULL NAME

Agnes W. Snyder

(a) Residence, No. _____ St. _____ Ward. 2 Lamoni, Iowa.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 10, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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) (STATE OR COUNTRY) Harrison Co., Mo.

13. NAME James T. Chambers

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

15. MAIDEN NAME Termanda Reynolds

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

17. INFORMANT Glenn Snyder
(ADDRESS) Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah, Missouri DATE Mar. 4, 1937

19. UNDERTAKER Walter Meinhoffer
(ADDRESS) 1302 Farson St., St. Joseph, Mo.

20. FILED 2-3 37 J. H. Neelbush Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. HEREBY CERTIFY, That I attended deceased from Feb 19, 1937 to March 2, 1937

I last saw h. ex. alive on March 2, 1937. Death is said to have occurred on the date stated above, at 2.30 m. A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
Date of onset

Other contributory causes of importance:

Name of operation Sub total gastrectomy
Date of Feb 26, 37
What test confirmed diagnosis? Path exam Was there an autopsy? Yes

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? Yes
If so, specify
(Signed) W. H. Walker, M. D.
(Address) 301 No. 8th St., St. Joseph, 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.

