

MAY 18 1937

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

Do not use this space.

15955

1. PLACE OF DEATH

16 County Cape Girardeau
Township Apple Creek
City Oak Ridge (No.)

Registration District No. 128
Primary Registration District No. 51763

File No.

Registered No.

St. Ward

2. FULL NAME

Addie McLain Snyder

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 Chas. O. Snyder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1 - 1865

7. AGE YEARS 72 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Mo

13. NAME Marion McLain

14. BIRTHPLACE (CITY OR TOWN) Oak Ridge (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Emmaline Hinkle

16. BIRTHPLACE (CITY OR TOWN) Oak Ridge (STATE OR COUNTRY) Mo.

17. INFORMANT Lloyd Snyder (ADDRESS) Oak Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE May 9, 1937

19. UNDERTAKER Crossfit - Miller & Co (ADDRESS) Oak Ridge Mo.

20. FILED 11 1937 Mauna Heile Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to May 7, 1937Last saw him alive on May 7, 1937. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
Date of onset

Other contributory causes of importance:

Name of operation 18 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) R. D. Playlock, M. D.(Address) Oak Ridge, Mo.

