

MAY 20 1937

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

Do not use this space

16314

1. PLACE OF DEATH

County Greene
Township Greene
City Ash Grove (No. 10)

Registration District No. 1316
Primary Registration District No. 15435

File No. 16314
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. Mrs. Jessie Snider 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

MEDICAL CERTIFICATE OF DEATH

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Snider

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 1 - 1915

8. AGE YEARS 22 MONTHS 3 DAYS 28 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Greene Co Mo (STATE OR COUNTRY)

13. NAME Alex Porter

14. BIRTHPLACE (CITY OR TOWN) Greene Co Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Marnie Fortner

16. BIRTHPLACE (CITY OR TOWN) Greene Co Mo (STATE OR COUNTRY)

17. INFORMANT Alex Porter (ADDRESS) Wilson Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Ash Grove DATE 5/18/37

19. UNDERTAKER Brim Funeral Service (ADDRESS) Ash Grove Mo

20. FILED May 1, 1937 Mrs. Leonard Jones Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to April 30th, 1937

I last saw h. alive on , 19 Death is said

to have occurred on the date stated above, at 4:45 m.

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

Fractured neck Date of onset

Other contributory causes of importance: 187

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 Accident 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 4

Nature of injury

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

If so, specify

(Signed) M. P. Patterson, M. D.

(Address)

Carroll St. Greene County, Mo.

194B1

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene

Township Boone

City Boone

Registration District No. 316

Primary Registration District No. 3435

File No. 16314

Registered No. _____

St. _____ Ward) _____

2. FULL NAME Mrs Julie Snider

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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. 22 3 28

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) _____

11. Total time (years) spent in this occupation _____

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

13. NAME _____

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

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 May 1, 1937 Mrs Leonard Jones (Registrar)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____.

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

Fractured neck Date of onset _____

Other contributory causes of importance: 187

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? Accident Date of injury Apr 29, 1937

Where did injury occur? County Greene

(Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury Laceration

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

If so, specify _____

(Signed) W. S. Patterson, M. D.

(Address) Springfield

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

GRADE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-16314