

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

7 Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
 99 County Saline Registration District No. 796
 Township Marshall Primary Registration District No. 6039
 City Marshall, Mo. (No.) St. Ward)
 2. FULL NAME Eugene Snyder
 (a) Residence, No. County Horse St. 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.

File No. 17694
 Registered No. 63

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) April 7, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 3 23
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer
 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 ✓

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1937
 22. I HEREBY CERTIFY that I attended deceased from March 2, 1937 to April 2, 1937.
 I last saw him alive on April 1, 1937. Death is said to have occurred on the date stated above, at 5:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
& decompensation
 Other contributory causes of importance: 113
 Date of onset 7

Name of operation Chloroform Date of TM
 What test confirmed diagnosis? Chloroform Was there an autopsy? TM

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? TM
 If so, specify _____
 (Signed) Eugene Snyder M. D.
 (Address) Marshall, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Missouri
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Missouri
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Walter Brown (ADDRESS) Deputy County Clerk
 18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri DATE Apr. 4, 1937
 19. UNDERTAKER W. H. Campbell (ADDRESS) Marshall, Mo.
 20. FILED 4-3 1937 Mary Kent Registrar.

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

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