

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

Do not use this space.

JUN 16 1937

1. PLACE OF DEATH

County Adair
Township Senanton
City Kirkville (No.)

Registration District No. 4
Primary Registration District No. 5005

File No. 10284
Registered No. 91
St. Ward)

2. FULL NAME

"Mrs. C. W. Snyder" Rosabel Wells Snyder

(a) Residence, No. Kirkville R.F.D. St. Ward.

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 F 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 C. W. Snyder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-23-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 22

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

13. NAME Charles H. Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Ellen Edmonds

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

17. INFORMANT (ADDRESS) C. W. Snyder
Kirkville Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE May 17 1937

19. UNDERTAKER (ADDRESS) Dee Hiley Funeral Home
Kirkville Mo.

20. FILED May 21, 1937 Spencer Neeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/19, 1937, to 5/15, 1937

I last saw her alive on 5/15, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Cerebral hemorrhage (stroke) Date of onset 5/15/37

Other contributory causes of importance: 93
Essential hypertension 1935?
Chronic myocarditis 1935

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? 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? No
If so, specify

(Signed) J. P. Kemp, M.D., M. D.
(Address) Kirkville, 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.

