

SEP 21 1937

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

Do not use this space.

29652

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. Robinson Clinic 2625 Pass St. 3286 Ward)

2. FULL NAME Charles Snyder

(a) Residence, No. Lowry City, Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1905

7. AGE YEARS 32 MONTHS 11 Days 29 If LESS than 1 day, ..... hrs. or ..... min.

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

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) St. Clair Co. Mo.

13. NAME J. D. Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Zion Mo.

15. MAIDEN NAME Anna Rainey

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

17. INFORMANT (ADDRESS) Robinson Clinic 2625 Pass

18. BURIAL, CREMATION, OR REMOVAL PLACE Lowry City, Mo DATE Aug 7, 1937

19. UNDERTAKER (ADDRESS) Carlton Brothers Undertaker Lowry City, Mo

20. FILED Aug 5, 1937 MPM Carone Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937, to Aug 5, 1937. I last saw him alive on Aug 5, 1937. Death is said to have occurred on the date stated above, at 20 m.

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

acute dilatation of the heart

Date of onset

Other contributory causes of importance:

Paralysis of Splanchnic Sympathetic of Circulation

Name of operation None Date of

What test confirmed diagnosis? Syphilis 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) Wilse Robinson, M. D.

(Address) Kansas City, Mo. 2625 Pass

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.

