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.

SEP 21 1937

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

Do not use this space.

299
1992

29835

File No. 29835

Registered No.

1. PLACE OF DEATH Mercy Hospital
County Jackson
Township Kaw
City Kansas City, Mo. No. Mercy Hospital St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Rosa marie Snodgrass
(a) Residence, No. St., Ward. Callao, Mo
(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-27-34

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	8	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None infant.
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

FATHER
13. NAME William Snodgrass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Daisy L. Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT William Snodgrass
(ADDRESS) Callao, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holliday, Mo. DATE Aug 19 1937

19. UNDERTAKER Mrs. O. L. Forster
(ADDRESS) 418 Brookfield

20. FILED Aug. 20, 1937 M M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1937, to 8-19, 1937
I last saw her alive on 8-19, 1937. Death is said to have occurred on the date stated above, at 10:20 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acrodynia	6-23-37
44 c3	

Other contributory causes of importance:

Bilateral Bronchopneumonia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) Sidney Pokela M. D.
(Address) Professional Bldg. K.C. Mo.

By Dr. David Moritz