

SEP 16 1937

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

Do not use this space.

30427

1. PLACE OF DEATH

County

Registration District No.

190

Township

Primary Registration District No.

1113

City

Kahoka

File No.

Registered No.

32

St.

Ward

2. FULL NAME

Rosa Lee Snyder

(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

SEX: M  
4. COLOR OR RACE: W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 29 - 1863

7. AGE: YEARS 73, MONTHS 7, DAYS 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at 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): Lewis, Mo.

13. NAME: Turner Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

15. MAIDEN NAME: Emily Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs. Ruth Gehaus, Kahoka, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Wagon, Mo. Buried Aug. 10, 1937

19. UNDERTAKER (ADDRESS): Fred K. Kase, Kahoka, Mo.

20. FILED: 8/10, 1937, J. R. Bridges, Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 7, 1937. I last saw him alive on Aug 7, 1937. Death is said to have occurred on the date stated above, at 10:45 p.m.

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

Tracheal Permeation  
Date of onset:  
Other contributory causes of importance: Samelity

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? \_\_\_\_\_  
If so, specify: \_\_\_\_\_

(Signed) J. R. Bridges, M. D.  
(Address) Kahoka, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

