

OCT 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 124Township Bayou (Pna)Primary Registration District No. 58772City (No)File No. 33850Registered No. 33St. (No) Ward (No)

2. FULL NAME

David Lloyd Snider(a) Residence, No. (Usual place of abode)St. (No)Ward (No)

(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

Male

4. COLOR OR RACE

negro

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)

Nov. 10, 1917

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

19102

OCCUPATION

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

Day laborer
State Mill Worker

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)

Jackson Route #1
Cape Girardeau Co., Mo.

13. NAME

Anthony Snider

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

Cape Girardeau Co., Mo.

15. MAIDEN NAME

Alma Buford

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

Perry County, Mo.

17. INFORMANT (ADDRESS)

Anthony Snider
Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Snider Cemetery DATE Sept. 14, 1937

19. UNDERTAKER (ADDRESS)

Macke-Walton-Howard Inc.
Jackson, Mo.

20. FILED

9-14-37D. G. Snider

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-12, 1937

22. I HEREBY CERTIFY, that I attended deceased from

Sept. 3, 1937, to Sept 12, 1937I last saw him alive on Sept 11, 1937 Death is saidto have occurred on the date stated above, at 6:00 m.

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

Linear Infectioncausing abscessfrontal sinusDate of onset 9-12-37

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? (check) Date of injury (check), 1937

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)

(Address)

, M. D.

