NOV 17 1937

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

Do not use this space.

37736

File No. 92

Registered No.

1. PLACE OF DEATH
County Greene
Township Center
City (No. St. Ward)
Registration District No. 320
Primary Registration District No. 5443

2. FULL NAME JAMES NEIL SNIDER
(a) Residence, No. R.F. Bois D'Arc Mo 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

3. SEX: Male
4. COLOR OR RACE: White
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): 10-12-37
7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 0 hrs. or min.

OCCUPATION
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): R.D. Bois D'Arc Mo

FATHER
13. NAME: James H. Snider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bois D'Arc Mo

MOTHER
15. MAIDEN NAME: Verla F. Corbin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rt Bois D'Arc Mo

17. INFORMANT (ADDRESS): Verla F. Corbin Bois D'Arc

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS): Mrs

20. FILED 10/20 1937 Lucy E. Hoyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-12-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1937, to 10-12, 1937.
I last saw him alive on Oct 12, 1937. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn,	

Other contributory causes of importance:
Breech Presentation
Very tedious labor

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) B. F. Hendrix, M. D.
(Address) Bois D'Arc 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.