DEC 15 1937

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

Do not use this space.

File No. 40769

Registered No. 61

1. PLACE OF DEATH
County: Bulley
Township: Beaver Dam
City: (No. , St. Ward)
Registration District No. 87
Primary Registration District No. 4053

2. FULL NAME Ethnie Dee Snider
(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

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) June 4, 1937

7. AGE: Years | Months 5 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Harville Mo

FATHER
13. NAME Wm P. Snider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Preston Ark

MOTHER
15. MAIDEN NAME Georgia Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harville Mo

17. INFORMANT (ADDRESS) Wm P. Snider Harville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dunning DATE Nov. 8 1937

19. UNDERTAKER (ADDRESS) Greer Funeral Service Poplar Bluff Mo

20. FILED 11-20 1937 W. Sappington Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1937, to Nov 7, 1937. I last saw him alive on Nov 5, 1937. Death is said to have occurred on the date stated above, at 2:30 P.M. The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Nov 3
108	

Other contributory causes of importance: Infant

Name of operation: none Date of
What test confirmed diagnosis? clinical 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? no
If so, specify
(Signed) J. Eccleston, M. D.
(Address) Naeffer 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.