

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

Do not use this space.

File No. 1592
Registered No. 280
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Taw Primary Registration District No. 1002
City Lansed City (No. 5811 E 16th Terr.)

2. FULL NAME

Delta C Snodgrass 532

(a) Residence, No. 5811 E 16th Terr. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 4 23

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

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

13. NAME John Snodgrass

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

15. MAIDEN NAME Martha Selvey

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

17. INFORMANT (ADDRESS) Mrs. Vyra Snodgrass
5811 E 16th Terr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Mo. DATE Jan 19, 1938

19. UNDERTAKER (ADDRESS) Wood + Benderson
155 Jackson

20. FILED Jan 18 1938 M. M. Crown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:35 a. m.

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

Chronic myeloid leukemia
Chronic thrombocythemia
93C

Other contributory causes of importance:

Name of operation _____ Date _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 of this kind related to occupation of deceased? If so, specify _____

(Signed) [Signature], M. D.
(Address) _____

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.

RECEIVED

FEB 10 1938

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MO. STATE BOARD OF HEALTH