

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

Do not use this space.

3450

1. PLACE OF DEATH

County Miller
Township Bellevue
City Bellevue (No. _____ St. _____ Ward _____)

Registration District No. 561
Primary Registration District No. 4330

File No. _____
Registered No. 7

2. FULL NAME

Daniel Webster Snyder 536
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josie Russell Snyder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3 1853</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>2</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation _____
10. Date deceased last worked at this occupation (month and year) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
13. NAME <u>Daniel S. Snyder</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
15. MAIDEN NAME <u>Jane P. Wilson</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
17. INFORMANT <u>Mrs. D. W. Snyder</u> (ADDRESS) <u>Bellevue, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellevue City, Kan</u> DATE <u>1-31</u> , 19 <u>38</u>
19. UNDERTAKER <u>Phillips Funeral Home</u> (ADDRESS) <u>Bellevue, Mo.</u>
20. FILED <u>Jan. 31, 1938</u> <u>Belle Harned</u> Registrar. <u>495</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1938

22. I HEREBY CERTIFY, that I attended deceased from 1/15, 1938 to 1/29, 1938

I last saw him alive on 1/29, 1938. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Senile Coma Date of onset 1/24/38

Other contributory causes of importance:
Arterio Sclerosis ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Clean 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) H. D. Walker, M. D.
(Address) Bellevue 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.

RECEIVED

FEB 28 1938

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