

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

Do not use this space.

1. PLACE OF DEATH

County Rolls
Township Spencer
City New London (No. New London Mo.)

Registration District No. 726
Primary Registration District No. 4432

File No. 3835
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Christian Snyder
(a) Residence, No. New London Mo. (Usual place of abode) Ward. _____

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Snyder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 13 - 1862
7. AGE YEARS 75 MONTHS 4 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Harrietta (STATE OR COUNTRY) Ohio

13. NAME John Harold

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

15. MAIDEN NAME Linda Diana

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

17. INFORMANT J. N. Snyder (ADDRESS) New London Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Center Cemetery DATE Feb - 1 - 1938

19. UNDERTAKER O'Donnell & Sons (ADDRESS) New London Mo.

20. FILED Feb 7, 1938 Blanche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 30 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1937, to Jan 30, 1938.
I last saw him alive on Jan 29, 1938. Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Cardiac Failure

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinalysis 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. S. Waters M. D.
(Address) New London, Mo.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH