

REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ChristianRegistration District No. 184File No. 6444Township 2Primary Registration District No. 4110Registered No. 7City Ozark Mo.(No. 2)St. Mo.Ward 536

2. FULL NAME

(a) Residence, No. John Snider

(Usual place of abode)

Ward. 536

(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)

Infant

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

Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 6 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 3 hrs. or 3 min.

OCCUPATION

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

Infant

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

Chester Snider

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

Arkansas

15. MAIDEN NAME

BEARD

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

Missouri

17. INFORMANT (ADDRESS)

Chester Snider

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ozark

DATE

Feb 8 1938

19. UNDERTAKER (ADDRESS)

T. B. Chaffin

20. FILER

Feb 14 1938Little Leonard

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 6 1938

22. I HEREBY CERTIFY, That I attended deceased from

Feb 6 1938, to Feb 6 1938I last saw him alive on Feb 6 1938. Death is saidto have occurred on the date stated above, at 10 a.m.

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

Premature birth

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) R. R. Farthing, M. D.(Address) Ozark Mo.

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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.

