

REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11378

1. PLACE OF DEATH

County Livingston,
 Township Monroe,
 City (No.)

Registration District No. 574Primary Registration District No. MonroeFile No. 801Registered No. 12St. Ward 2. FULL NAME Cecil Eugene Snider, 536(a) Residence, No. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred

25 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

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)

May, -18th., -1901

7. AGE

YEARS

MONTHS

DAYS

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

36

10

7

OCCUPATION

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

Shoe Repair,

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Shoe Shop,

10. Date deceased last worked at
this occupation (month and
year)..... 193711. Total time (years)
spent in this
occupation..... 2 mo.12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ludlow,
Missouri.

FATHER

13. NAME

Joe Snider,

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Petersburg,
Indiana.

MOTHER

15. MAIDEN NAME

Clara Risley,

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

Iowa.

17. INFORMANT
(ADDRESS)Ray Snider
Ludlow, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Monroe Cemetery DATE Mar. 27-193819. UNDERTAKER
(ADDRESS)E. J. Michael
Petersburg, Mo.

20. FILED

March 24, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1938

22. I HEREBY CERTIFY that I attended deceased from

Dec 1, 1937 to Dec 25, 1938I last saw him alive on March 25, 1938 Death is saidto have occurred on the date stated above, at 11:30 P.M.

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

Pneumonia, followed by
cardiac decompensation
with dropsy.

Date of onset

Dec 1937

Other contributory causes of importance:

Name of operation None Date of What test confirmed diagnosis? None 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? NoIf so, specify (Signed) Geo. Morse M. D.(Address) Ludlow 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.

95B2

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11378

Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 364
(b) Township Monroe Primary Registration District No. 3683
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1938

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

I last saw him alive on _____ 19 _____ Death is said

to have occurred on the date stated above, at _____ m.

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

Pneumonia followed by cardiac decompensation with dropsy
Pulmonary Pneumonia
Other contributory causes of importance: See above

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Geo. Monroe, M. D.

(Address) London

