

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH13996
Do not use this space.

1. PLACE OF DEATH *Boone*
 (a) County *Boone* Registration District No. *73*
 (b) Township *Columbia* Primary Registration District No. *3006* Registered No. *95*
 (c) City *Columbia* (d) Street No. *3rd & Broadway* 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. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Homer Eugene Snell* *540*
 (a) Residence, No. *508* *ms Baine* 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 *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 *ORA K. SNELL*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 29 - 1896*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 11 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *laborer*
 9. Industry or business in which work was done, as saw mill, bank, etc. *W & L Dept*
 10. Date deceased last worked at this occupation (month and year) *APR 23 1938* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Howard Co Mo*

FATHER
 13. NAME *JAMES A SNELL*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Howard Co. Mo.*

MOTHER
 15. MAIDEN NAME *ANNIE MARTIN*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Howard Co Mo*

17. INFORMANT (ADDRESS) *Leo Snell Columbia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sulphur Springs April 26 1938*

19. FUNERAL DIRECTOR (ADDRESS) *R. O. Willert Columbia, Mo.*

20. FILED *4/26/1938 Allie Selby Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *APR 23rd 1938*

22. I HEREBY CERTIFY, That I attended deceased from *X*, 19....., to *X*, 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *9:45 P.M.*
 The principal cause of death and related causes of importance were as follows:
Rupture Left Atrium of Heart
210 m
 Date of onset

Other contributory causes of importance:
Broken Lumbar Vertebrae

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *Accident* Date of injury *4/23*, 19*38*
 Where did injury occur? *Columbia, Missouri*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public Place - 3rd & Broadway
 Manner of injury *Automobile Accident - Hit & Run Driver*
 Nature of injury *Internal*

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify.....
 (Signed) *M. P. Tolson* *COVINGTON*
 74 (Address) *20 N. 9th*

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

Lyman T. Sprinkle Licensed Embalmer No. *#013*
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *L. T. Sprinkle*

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed *Lyman T. Sprinkle*
.....
Licensed Embalmer No. *4013*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)