

REC'D MAY 25 1938

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

16104

Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 875
 (b) Township Washington Primary Registration District No. 6167
 (c) City Madison, Mo. (d) Street No. State Hospital #3, Nevada Registered No. 120
 (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 3 yrs. 5 mos. 26 ds. (f) How long in U.S., if of foreign birth? 1 yrs. mos. ds.

2. PRINT FULL NAME

Elizabeth F. Snyder, 536
 (a) Residence, No. Stockton, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Snyder
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1845 -
 7. AGE YEARS 93 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher, Housewife
 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) Cooper, Co. Mo.

FATHER 13. NAME Andrew Masters
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Nancy Monro
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Records of State Hosp #3, Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stockton, Mo. DATE May 7, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. C. Davis Co., Stockton, Mo.

20. FILED 5-3, 1938 Allen D. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 3, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937, to May 2nd, 1938
 I last saw him alive on May 2nd, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1937+
 Date of onset

Other contributory causes of importance: 92C
Senility 1937+
 Name of operation none 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? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury none
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify (Signed) A. Miller, M. D.
795 (Address) State Hospital #3, Nevada, Mo.

STATEMENT BY LICENSED EMBALMER

I, Allen V. Kays, Licensed Embalmer No. 1968

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Allen V. Kays
Licensed Embalmer No. 1968

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