

REC'D JUN 16 1938

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

18863

Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
 (b) Township Saline Primary Registration District No. 4330 Registered No. 38
 (c) City Adair (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Martha E Snyder

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R.B. Snyder
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 3

OCCUPATION 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. Housewife
 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) MissouriFATHER 13. NAME Mayfield Russell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KentuckyMOTHER 15. MAIDEN NAME Louisa Cottler16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Albert Russell
Adair, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Adair DATE 5-7-3819. FUNERAL DIRECTOR (ADDRESS) Phillips Funeral Home
Adair, Mo.20. FILED 5-5-38 Belle Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 193822. I HEREBY CERTIFY, That I attended deceased from 4/30 1938, to 5/3 1938

I last saw him alive on 5/3 1938. Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Uraemic coma Date of onset 5/1/38

Other contributory causes of importance:

Sciuitiy ?

Name of operation _____ Date of _____

What test confirmed diagnosis? Chest 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) A. S. Walker, M. D.(Address) Adair Mo.

132B

STATEMENT BY LICENSED EMBALMER

I, Louis D Phillips, Licensed Embalmer No. 3663

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

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Louis D Phillips

Licensed Embalmer No. 3663

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.)

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

18863
 Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
 (b) Township _____ Primary Registration District No. 4330 Registered No. _____
 (c) City Eldon (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Martha C. Snyder
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
 (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.
84 6 3

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) _____

FATHER 13. NAME _____

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

MOTHER 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 5-5 1938 Belle Haynes Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h..... 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:
Uraemic Coma Date of onset _____
Chronic Nephritis
Sensility
 Other contributory causes of importance: 121

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 G. D. Walker, M. D.
 (Signed) _____ (Address) Eldon, Mo.

Exact statement of OCCUPATION is very important. Do not leave blank in plain terms, so that it may be properly classified.

