

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.

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

28068  
 Do not use this space.

REC'D SEP 13 1938

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3379  
 (c) City Kansas City (d) Street No. 3516 Summit  
 (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. (5) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

David T. Snyder 536  
 (a) Residence, No. Snyderhoff Hotel 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 2 11  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel owner & operator  
 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) Dillsburg  
 (STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME George Snyder  
 14. BIRTHPLACE (CITY OR TOWN) Virginia  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Link  
 16. BIRTHPLACE (CITY OR TOWN) Pennsylvania  
 (STATE OR COUNTRY)

17. INFORMANT Harold H. Snyder (Nephew)  
 (ADDRESS) 3427 Cherry St. Kansas Cy., Mo.

18. ~~BURIAL~~ CREMATION, ~~BY~~ ~~WHERE~~ Elmwood Crematory  
 PLACE Kansas City, Mo. DATE August 27, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure  
 (ADDRESS) Kansas City, Missouri

20. FILED Aug 26, 1938 M. M. Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1938 to Aug 23, 1938  
 I last saw him alive on Aug 22, 1938. Death is said to have occurred on the date stated above, at 5:35 A.M.  
 The principal cause of death and related causes of importance were as follows:

Date of onset 8/29/37  
Pyloric Carcinoma  
 Other contributory causes of importance: Senility of Hypertension  
 Name of operation none Date of no  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 DEATH FROM CANCER M. D.  
 (Signed) D. E. Burkhardt (Address) 3346 Summit St. C. Mo.

