

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.

OCT 27 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Stoddard  
 Township Liberty  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 8386078Primary Registration District No. 4509File No. 33488

Registered No. \_\_\_\_\_

2. FULL NAME Edward Ray Snider

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## 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) April 5, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 9. Industry or business in which work was done, as silk mill, 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) Stoddard Co., Mo.  
(STATE OR COUNTRY)13. NAME Carl Snider14. BIRTHPLACE (CITY OR TOWN) Stoddard Co., Mo.  
(STATE OR COUNTRY)15. MAIDEN NAME Lurlyne Jackson16. BIRTHPLACE (CITY OR TOWN) Mississippi  
(STATE OR COUNTRY)17. INFORMANT H. H. Snider  
(ADDRESS) Dexter, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Dexter Cem. DATE 8/26/3819. UNDERTAKER Blankenship-Strickland  
(ADDRESS) Dexter, Mo.20. FILED 10/7 B. B. Margaret Brown Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/25/38, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1938, to Aug 25, 1938I last saw him alive on Aug 24, 1938. Death is said to have occurred on the date stated above, at 11:30 am

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

Date of onset

Other contributory causes of importance: Colitis

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 \_\_\_\_\_, 1938

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) S. S. Shivers

M. D.

Dexter Mo

