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

35091
Do not use this space.

RECD NOV 14 1938 Boone Co

1. PLACE OF DEATH
(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 5118 Registered No. 246
(c) City ..... (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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E. Lawes
(a) Residence, No. 14 Kuhlman Court 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Capt Robt Lawes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1902

7. AGE: Years 36 | Months 4 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) New Oxford, Pa.

FATHER
13. NAME William Ruff Snyder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Two Taverns, Pa.

MOTHER
15. MAIDEN NAME Cara Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Oxford, Pa.

17. INFORMANT (ADDRESS) Capt. Robt. Lawes Columbia, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE New Oxford Pa DATE Oct 15 1938

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

20. FILED 10/15/1938 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14th 1938

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ Oct - 14 1938 to ....., 19..
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ~~about 9 P.~~ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fell off a cliff	
Broken Neck Fractured	
Skull & a No of	
other injuries	

Other contributory causes of importance:

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? Accident Date of injury Oct 14 1938
Where did injury occur? 2 Miles South of Columbia
(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) M. K. Gaston Coroner, M. D.
(Address) 704 Cherry St Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1942

STATEMENT BY LICENSED EMBALMER

I, Leonard H. Schmidt, Licensed Embalmer No. 4013

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Leonard H. Schmidt

Licensed Embalmer No. 4013

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