

DEC 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell
Township Davis
City Braymer (No. _____, St. _____ Ward)

Registration District No. 92
Primary Registration District No. 4055

File No. 38743
Registered No. 22

2. FULL NAME 536 George W. 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Molly Snider</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 22, 1858</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>2</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	
	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) <u>Nov. 1938</u>	
11. Total time (years) spent in this occupation <u>40</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Illinois</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown N.Y.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown N.Y.</u>	
17. INFORMANT (ADDRESS) <u>Mrs Molly Snider Braymer, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Plymouth</u> DATE <u>Nov. 20, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>D. F. Mead Braymer, Mo.</u>		
20. FILED <u>Nov. 20, 1938</u> <u>H. H. Patterson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937, to Nov 19, 1938
I last saw him alive on Nov 18, 1938. Death is said to have occurred on the date stated above, at 3:40 a. m.
The principal cause of death and related causes of importance were as follows:
Pericardial Arteriosclerosis Date of onset mid '37

Other contributory causes of importance: 97

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? _____ (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) Geo. S. Dwell, M. D.
97 (Address) Braymer Mo.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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