

CAUSE OF DEATH IN MAIN 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

Do not use this space.

3190

1. PLACE OF DEATH

71 County MORGAN Registration District No. 598 571 File No. _____
 Township Moxieau Primary Registration District No. 2355 Registered No. 1
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Infant Snorgress

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Birth Oct. 27, 1938, to Death Oct. 30, 1938
 I last saw him alive on Oct. 30, 1938. Death is said to have occurred on the date stated above, at 4 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3

Pneumonia Date of onset Oct. 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Near Versailles (STATE OR COUNTRY)

FATHER 13. NAME Earl Snorgress

14. BIRTHPLACE (CITY OR TOWN) Morgan County (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Maggie Webb

16. BIRTHPLACE (CITY OR TOWN) Moxieau (STATE OR COUNTRY)

17. INFORMANT Earl Snorgress (ADDRESS) Versailles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles Embury DATE Oct 31 38

19. UNDERTAKER W. F. Kidwell (ADDRESS) Versailles

20. FILED 2-1 1939 Will F. Berry, Jr. Registrar

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 _____

(Signed) P. J. Eckhoff D.O. M. D.

(Address) Versailles, Mo.

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RECEIVED

District Health Officer No.

District File Number 7-39

Date Filed 2-9-30

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3190
Do not use this space.

1. PLACE OF DEATH
- (a) County Morgan Registration District No. 598
- (b) Township Morgan Primary Registration District No. 2792 Registered No. _____
- (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Infant Snorgues
- (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
- | AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----|-------|--------|----------|----------------------------------|
| | | | <u>3</u> | |
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 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 30, 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:
- Pneumonia
- Date of onset _____
- Other contributory causes of importance: 105
- 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 _____
(Signed) P. F. Echhoff M.D.
(Address) Jersville

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Missouri State Board of Health - Bureau of Vital Statistics - Exact Statement of Occupations as Prescribed by Law

