

REC'D APR 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Clay

Registration District No.

197

Township

Liberty Falls

Primary Registration District No.

5276A

City

Winchester

(No.

St.

Ward)

2. FULL NAME

Judeth Ann Snow

(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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

James Snow

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

July - 4 - 1858

7. AGE

YEARS

81

MONTHS

8

DAYS

4

IF LESS than 1 day,hra. ormin.

OCCUPATION

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

Housekeeper

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) (STATE OR COUNTRY)

Missouri

MOTHER FATHER

13. NAME

Richard West

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

Ky

15. MAIDEN NAME

Muneroa Hise

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

Ky

17. INFORMANT

Mrs John T. Hayes

(ADDRESS)

Winchester

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Paradise Mo

DATE

Mar. 10 1939

19. UNDERTAKER

Leonard Fry

(ADDRESS)

Keosauqua Mo

20. FILED

3 - 8

1939

Violet C. Meyer

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1939 to Mar 8 1939

I last saw her alive on Mar. 8 1939 Death is said

to have occurred on the date stated above, at 11 P. m.

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

Broncho-pneumonia

Date of onset

Other contributory causes of importance:

Bronchial catarrh
Arteriosclerosis

Name of operation

Clinical

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) M. O. Long, M. D.

179 (Address) Winchell, Mo.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2 FORM 22-36 1 X9314

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.

Per. L. M. A.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/20/39