

REC'D APR 11 1939

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

10776  
Do not use this space.

Registered No. 11

1. PLACE OF DEATH  
 (a) County Butte Registration District No. 309  
 (b) Township Houloged Primary Registration District No. 5434  
 (c) City Clinton Springs (d) Street No. \_\_\_\_\_  
 (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 1 yrs. 4 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clinton Edward Snead  
 (a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word) Minor child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-12-1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>4</u>	<u>22</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) Clinton Springs  
(STATE OR COUNTRY) Missouri

13. NAME Frank Snead

14. BIRTHPLACE (CITY OR TOWN) Clinton Springs  
(STATE OR COUNTRY) Butte Missouri

15. MAIDEN NAME Mabel Critchett

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

17. INFORMANT Frank Snead  
(ADDRESS) Clinton Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Rogers DATE 3-6-39

19. FUNERAL DIRECTOR (NAME) J. Egan Johnson  
(ADDRESS) Clinton Springs Mo.

20. FILED Mar. 6, 1939 W. M. Martin  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1939 to Mar. 4, 1939  
 I last saw him alive on Mar. 4, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Double lobar pneumonia  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 10/8

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Electrocardiogram 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. S. O. Harding, M.D.  
 (Address) Clinton Springs Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11,

District File Number 39-245

Date Filed 7-17 1939

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*J. Evan Johnson*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed *J. Evan Johnson*

Licensed Embalmer No. 3492

P. O. Address *Stankin M*

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

**If this body is not embalmed, above space should be left blank.**