

1939 APR 11 1939

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

10776

Do not use this space.

1. PLACE OF DEATH

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

2. PRINT FULL NAME

(a) Residence, No. Clinton Edward Snead St. Butte County (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR 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.
1 4 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

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 County, 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. Edgar Johnson
(ADDRESS) Clinton Springs Mo.

20. FILE Mar. 6, 1939 W. H. 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: 108

Name of operation _____ Date of _____
What test confirmed diagnosis? Examination Was there an autopsy? Yes

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, Jr.

(Address) Clinton Springs Mo.

RECEIVED

District Health Officer No. 11,

District File Number 39-245

Date Filed 7-11-39 1939

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.