

WRITE 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.

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

Do not use this space.

DESD JUL 14 1939

1. PLACE OF DEATH

56 County Lewis 2
Township Highland 1
City Highland (No. _____)

Registration District No. 478
Primary Registration District No. 5642

File No. 22546
Registered No. 8
St. _____ Ward _____

2. FULL NAME

James Franklin Snow

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1872

7. AGE YEARS 69 MONTHS _____ DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

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. Farm

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greencastle Missouri

13. NAME Benjamin Snow

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

15. MAIDEN NAME Mary Water

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

17. INFORMANT Mrs. Cecil Lake (ADDRESS) Highland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ewing DATE July 2, 39

19. UNDERTAKER Chas. Ball (ADDRESS) Ewing, Mo.

20. FILED July 10, 1939 Anna K. Ball Registrar. Sept.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1939

22. I HEREBY CERTIFY That I attended deceased from Sept 16, 1938 to June 28, 1939

I last saw him alive on June 28, 1939. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Angina Pectoris
Arteriosclerosis +
Hypertension

Other contributory causes of importance: 94%

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical. 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) J. P. Rauer, D.D., M.D.
Palmyra Mo
431 (Address)

RECEIVED

District Health Officer No. 10

District File Number 7-39-1216

Date Filed JUL 11 1939