

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.

1939 OCT 13 1939

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

Do not use this space.

77

33101

1. PLACE OF DEATH

County Newton Registration District No. 608
 Township Franklin Primary Registration District No. 6807
 City Stella Cordwell Hospital

File No. _____
 Registered No. 82
 St. _____ Ward) _____

2. FULL NAME

52 Infant
 (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or _____ min.

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
 13. NAME John F. Snook
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washburn Mo

MOTHER
 15. MAIDEN NAME Blanche Raddick
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exeter, Mo

17. INFORMANT (ADDRESS) John F. Snook Washburn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood Cem DATE Sept. 17 1939

19. UNDERTAKER (ADDRESS) buried by family

20. FILED Sept. 18 1939 Ada Collings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16 1939
 22. I HEREBY CERTIFY, That I attended deceased from 9-16 1939 to 9-16 1939
 I last saw him alive on 9-16 1939 Death is said to have occurred on the date stated above, at 2:30 pm
 The principal cause of death and related causes of importance were as follows:

Premature birth
 Other contributory causes of importance: 154
 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) C. Gardner, M. D.
 (Address) Stella, Mo.

Collings