

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

Do not use this space.

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REG NOV 28 1939

1. PLACE OF DEATH
 County Lawrence Registration District No. 468
 Township Primary Registration District No. 4281
 City Marionville (No. St. Ward)

2. FULL NAME Eleanor Elvira Snyder
 (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 Fem 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	58	7	18	

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

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) Lawrence Co. Mo.

FATHER

13. NAME L.D. McKinley 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

MOTHER

15. MAIDEN NAME Catherine Wheat 0

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

17. INFORMANT D.A. Snyder
(ADDRESS) Marionville Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Marionville DATE Oct. 12 1939

19. UNDERTAKER Bradford Funeral Home
(ADDRESS) Marionville, Mo

20. FILED Oct 17 1939 Laura O. Connady
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1938 to Oct. 10 1939
 I last saw her alive on Oct. 5 1939. Death is said to have occurred on the date stated above, at 12 am.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris 1 yr. ago
Hypertension 94th
 Other contributory causes of importance:

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) Dr. Wayne M. Weaver M.D.
 (Address) Marionville, Mo. 419

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.

V. S. O. 2
 SOM-10-22-34
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MARGIN RESERVED FOR BINDING

RECEIVED

District Health Officer No. 6,

District File Number 1139-2215

Date Filed NOV 8 1939