

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

Do not use this space.

40317

1. PLACE OF DEATH

County Monroe Registration District No. 582
Township Jackson Primary Registration District No. 5779
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 39

2. FULL NAME Maudie Snyder Bland
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. STATE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. % MARRIED, WIDOWED HUSBAND OR (OR) WIFE OF <u>Charles W Bland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28, 1880</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>4</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	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) <u>Shelby Co Mo</u>		
FATHER	13. NAME <u>Andrew Snyder</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Ara Ridgway</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Myrtle Bland (Daughter)</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mudersville</u>	DATE <u>Nov 7 1939</u>	
19. UNDERTAKER (ADDRESS) <u>Snyder & Hanson Santa Rita Mo</u>		
20. FILED <u>11-6 1939</u>	<u>F. A. Barnett, M.D. Registrar</u>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1939 to Nov. 5 1939
I last saw him alive on Oct 26 1939 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Unknown. Probably malignant cancer
liver
Other contributory causes of importance: 46

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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? No
If so, specify _____
(Signed) J. F. Flynn M. D.
(Address) Paris Mo.

Every item of information should be carefully supplied. Age should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2146

Date Filed DEC 12 1939