FILED MAY 13 1940

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

Do not use this space.

16288

1. PLACE OF DEATH

County _Stoddard_
Township _Liberty_
City _Dexter Mo_ (No. _536_ , St. _____ Ward)

Registration District No. _838_
Primary Registration District No. _4509_

File No. _____
Registered No. _____

2. FULL NAME _Irlena Bell Snider_

(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 _Female_ **4. COLOR OR RACE** _white_ **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) _widow_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Jan. 26-1880_

7. AGE YEARS _60_ MONTHS _2_ DAYS _17_ 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. _____

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) _East Prairie Mo_

13. NAME _Arthur Neal_

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

15. MAIDEN NAME _Unknown_

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

17. INFORMANT (ADDRESS) _Arthur Snider_ _Puxico Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Bernie_ DATE _4/12_ , 19 _40_

19. UNDERTAKER (ADDRESS) _Watkins Funeral Ass._ _Dexter Mo_

20. FILED _5/4_ , 19 40 _Jennie Burton_ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _4-12. 5-36_ , 19 40

22. I HEREBY CERTIFY, That I attended deceased from _4-11_ , 1940, to _4-12_ , 1940
I last saw her alive on _4-12_ , 1940. Death is said to have occurred on the date stated above, at _5-36_ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Embolism

Other contributory causes of importance:
Hypertension
Chr. interstitial nephritis

Name of operation _none_ 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) _George Schaefer_ , M. D.
(Address) _Dexter, Mo_

S. No. 2B
M--2-21-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16288

Registration District No. 838　Primary Registration District No. 4179　Registrar's No.

1. PLACE OF DEATH
(a) County Stoddard
(b) City or town Dexter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days) (Specify whether

3. (a) PRINT FULL NAME Irlena Bell Snider

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex 7　**5. Color or race** W　**6. (a)** Single, widowed, married, divorced wid

6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	2	17	hr. ___ min.

9. Birthplace
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER {
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER {
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) _____ (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 5-6-40 (b) Margaret Boone deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri　(b) County Stoddard
(c) City or town Dexter Mo
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4　day 12　year 1940　hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___; that I last saw h___ alive on _____, 19___ and that death occurred on the date and hour stated above.
Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work _____ (e) Means of injury

23. Signature Geo F Schaefer (M. D. or other)
Address Dexter Mo　Date signed