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

Do not use this space.

16145

File No.

Registered No.

1. PLACE OF DEATH

County: Vernon

Registration District No.

Township

Primary Registration District No.

City: Hume, Mo. (No. St. Ward)

2. FULL NAME Alma Snyder

(a) Residence, No. Hume Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	9	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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) Linn Co., Ks

FATHER

13. NAME J. A. Snyder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record Penn.

MOTHER

15. MAIDEN NAME J.B. Austin.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record Ohio

17. INFORMANT Maggie Snyder
(ADDRESS) Hume, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence, Cem. DATE Apr. 16, 1941

19. UNDERTAKER Geo. A. Konantz
(ADDRESS) Fort Scott, Ks.

20. FILED April 16 1941 Minnie Fowler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1941 to Apr 14, 1941

I last saw her alive on, 1941. Death is said to have occurred on the date stated above, at 3:30 p.m. PM.

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

	Date of onset
Coronary Occlusion	1 day

Other contributory causes of importance:

Myocarditis	2 yrs

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) Wm. H. Allen, M. D.

(Address) Hume, Mo.

[illegible]

[illegible] 5-41-837

[illegible] 5-9-41