

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.

FILED AUG 5 1943

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

Do not use this space.

25793

1. PLACE OF DEATH

County PLATTERegistration District No. 280Township EDGERTONPrimary Registration District No. 4422City EDGERTON (No. 1)File No. 25Registered No. 25St. Mo. Ward 4

2. FULL NAME

(a) Residence, No. EDGERTON, MO. St. Mo.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

WIDOWED

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

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

MARCH 3 - 62

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

81310

OCCUPATION

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

HOUSEKEEPER

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)

PLATTE COUNTY MISSOURI

FATHER

13. NAME

HENRY H. SNIDER

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

UNKNOWN

MOTHER

15. MAIDEN NAME

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

?

17. INFORMANT (ADDRESS)

Arthur Baker Edgerton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ridgely, Tenn.DATE 7/3/43

19. UNDERTAKER (ADDRESS)

Rollins Mortuary Edgerton Mo.

20. FILED

7-28 43 Mrs. Clay Siffer

MEDICAL CERTIFICATE OF DEATH

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

7/1 194322. I HEREBY CERTIFY, That I attended deceased from Mar. 15 - 1943, to June 24 - 1943I last saw him alive on June 24, 1943. Death is said to have occurred on the date stated above, at m.

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

Infirmities of old age
162 F

Date of onset

Other contributory causes of importance:

Constriction of Throat Causing regurgitation of solid foods.

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? NO.

If so, specify.....

(Signed)

John A. Robinson, M. D.

(Address)

Edgerton, Missouri.

RECEIVED

District Health Officer No. Platte

District File Number 8-4374

Date Filed 8-3-43