

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

Do not use this space.

29436

1. PLACE OF DEATH

County Shannon
Township Barrett Winn
City Winn (No.)

Registration District No. 823
Primary Registration District No. 6074

File No.
Registered No. (Ward)

2. FULL NAME

Joseph 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

2. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 - 1852

7. AGE YEARS MONTHS DAY H LESS than 1 day, hrs. or min. 75 8 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Worth Snyder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Susan Beckner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Winn
(STATE OR COUNTRY) Ohio

14. INFORMANT Alta Snyder
(Address) Barrett Mo

15. FILED 8-11, 1928 Mabel Keener
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 - 1928

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Aug 1, 1928 that I last saw him alive on Aug 1, 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
82A 17401
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Hyde, M. D.

8-2-1928 (Address) Winn Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Winn Mo DATE OF BURIAL Aug 2 1928

20. UNDERTAKER Winn Mo ADDRESS

Organic Service Co

E. 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.

