

MAR 12 1936

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

Do not use this space.

3963

1. PLACE OF DEATH

City St. LouisRegistration District No. 791

Township

Primary Registration District No. 1002City Belmont Hts. (No. # 1226, McLachland)

File No. _____

Registered No. 1515

St. _____ Ward)

2. FULL NAME Dora M. Snyder(a) Residence, No. # 1226, McLachland Ward. 4
(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David O. Snyder6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 18607. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 18

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. At 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) Warrenton, Ia.13. NAME Lemuel Fletcher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Lou Ellen Smith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT David O. Snyder
(ADDRESS) 1226 McLachland18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Jan 31 - 193619. UNDERTAKER C. R. Lupton & Sons
(ADDRESS) # 4449 Olive St.20. FILED FEB 10 1936 J. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29th 193622. I HEREBY CERTIFY, That I attended deceased from 1 - 11, 1936, to 1 - 29, 1936I last saw her alive on 1 - 29, 1936. Death is saidto have occurred on the date stated above, at 8:25 p.m.

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

Chronic inherited nephritis
arterial hypertension
etc. myocarditis

Date of onset

?

Other contributory causes of importance:

uremia1-15-36

Name of operation _____ Date of _____

What test confirmed diagnosis? lab + 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? no

If so, specify _____

(Signed) Robert S. Langford, M. D.(Address) 3115 S. Grand

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RV Hobbs Ringdorf
3115 S. Grand
LA-8127
3-5 P.M.