JAN 23 1929

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

Do not use this space.

40296

1. PLACE OF DEATH
County Green — Registration District No. 323 — File No. X 10
Township Grant — Primary Registration District No. 5448 — Registered No.
City Willard (No. R F D 2 St. Ward)

2. FULL NAME James Philip Sneed
(a) Residence No. Willard R St. 2 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Belle Sneed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 14 - 1858

7. AGE: Years 70 — Months 11 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Richard Sneed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Elizabeth Warren
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Miss Monroe Mitchell
(Address) R. 1. Willard Mo

15. FILED 12-26, 1928 E. W. Greenwade REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/26 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/1/, 1928, to 12/25/, 1928, that I last saw him alive on 12/25/, 1928, and that death occurred, on the date stated above, at 4:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
137 Uremia Poisoning
132 135
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Prostitis
(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) J. B. McDaniels, M. D
, 19 (Address) Willard

*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: Robinson Cem — DATE OF BURIAL: Dec 28 1928

20. UNDERTAKER: J. W. Klingner & Co. — ADDRESS: Springfield Mo

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.