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

Do not use this space.

APR 24 1929

10166

1. PLACE OF DEATH
County Franklin
Township Clay
City ..... (No. ..... St. ..... Ward)

Registration District No. 287
Primary Registration District No. 5405

File No. 8
Registered No. .....

2. FULL NAME Elzia Snodgrass.
(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

3. SEX: female
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: Monroe Snodgrass
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 6, 1907
7. AGE: Years 21 | Months 5 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....
9. BIRTHPLACE (CITY OR TOWN) Ponder
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER: W. H. Upton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER: King
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ponder Mo.

14. INFORMANT Monroe Snodgrass.
(Address) Hornersville, Mo.

15. FILED 3-27, 1929 E. G. Cope
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1929.

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1929, to March 26, 1929, that I last saw her alive on March 26, 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
An Acute Bronchitis
Following Influenza
11 A
106 B
112 (duration) ..... yrs. ..... mos. 15 ds.
CONTRIBUTORY (SECONDARY) Asthma
..... (duration) ..... yrs. ..... mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Yes
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) Van H Bond, M.D.
, 19 (Address) Hornersville 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: Horner Cemetery
DATE OF BURIAL: 3/26 1929
20. UNDERTAKER: McDaniel Furn Co.
ADDRESS: Hornersville Mo.

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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.

FEB 10 1945