

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

Do not use this space.

30113

File No. _____
Registered No. 1058
St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

2. FULL NAME Male Snow

(a) Residence. No. Saxton Mo. St. _____ Ward Saxton Missouri.
(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11, 1929

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

17. I HEREBY CERTIFY, That I attended deceased from _____
_____ 19____ to _____ 19____
that I last saw him alive on _____ 19____, and that death occurred, on the date stated above, at _____ 1:40P.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11, 1929.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS
0 0 0
If LESS than 1 day, _____ hrs. or _____ min.

Removine
159
_____ (duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) 1610
_____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Aaron Snow.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ellsworth
(STATE OR COUNTRY) Wisconsin.
12. MAIDEN NAME OF MOTHER Eva Smith.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dixon.
(STATE OR COUNTRY) Missouri.

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. H. ... M. D.
Sept 11 19 29 (Address) St. Joseph 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.

14. INFORMANT Aaron Snow.
(Address) Saxton Missouri.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashtland Cem.
DATE OF BURIAL Sept 12 19 29

15. FILED 11 _____ 19____
John G. ... REGISTRAR

20. UNDERTAKER J. C. ...
ADDRESS 1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

7 22 1929

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SEP 17 1929

