DEC 20 1930

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

Do not use this space.

85

35394

1001

1210

1. PLACE OF DEATH
County: Buchanan
Registration District No.
Township
Primary Registration District No.
City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)
File No.
Registered No.

2. FULL NAME Lizzie Sneed,

(a) Residence. No. St., Ward. Braymer, 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	23	

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

9. BIRTHPLACE (CITY OR TOWN) Carroll County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER William Underdown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Tennessee,
12. MAIDEN NAME OF MOTHER Martha Wilson,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Arkansas,

14. INFORMANT Willis S. Sneed
(Address) Braymer, Missouri,

15. FILED NOV 10 1930, 19 John G. Ut REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1930, to Nov 10, 1930, that I last saw h.. alive on Nov 10, 1930 and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrene of bowel
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Obstipation of bowel probably cause
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Sign
(Signed) Charles Longstreth M. D.
11/11, 1930 (Address) Forest Ave

*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	DATE OF BURIAL
Braymer, Mo. via auto	Nov. 11 1930.
20. UNDERTAKER	**ADDRESS**
Heaton-Bittle & Brown Funeral Home	319 S. 10 St.

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.

(b)(7)