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.

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

Do not use this space.

File No. 8762

Registered No. 51

1. PLACE OF DEATH
County Boone
Township Columbia
Registration District No. 73
Primary Registration District No. 3006
(No. ..... St. ..... Ward)

APR 21 1931

2. FULL NAME Geo. W. Sneed
(a) Residence. No. 300 McBaine St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-1-1873

7. AGE: YEARS 58 | MONTHS — | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook 231 92R 95R
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Centralia
(STATE OR COUNTRY) Missouri 1

PARENTS
10. NAME OF FATHER Peter Sneed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know 31
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Esther Hoffman
(Address) Kansas City, Mo.

15. FILED 3/6/1931 F. C. Suggett by Selby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1931

17. I HEREBY CERTIFY, That I attended deceased from — Mch 2nd, 1931, to X, 19..., that I last saw h X alive on X, 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
(Chronic Heart Trouble)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 92A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH X
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no X
WHAT TEST CONFIRMED DIAGNOSIS? X X
(Signed) E. G. Davis, Coroner, M.D.
3-2-1931 (Address) Columbia 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: Calvary Cemetary
DATE OF BURIAL: 3-5-1931

20. UNDERTAKER: Stuart P. Parker Columbia, Mo.
ADDRESS