

WRITE, PLAIN INK, 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.

OCT 28 1931

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

Do not use this space.

30918

1. PLACE OF DEATH

County Wheeler Registration District No. 252
Township Union Primary Registration District No. 5401
City (No.) St. Ward)

File No.
Registered No. 42

2. FULL NAME

Lucy Cloe Snider
(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Victor Snider</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 7th 1899</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>10</u>
	DAYS <u>7</u>	IF LESS THAN 1 day, hrs: or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>E. E. Perryman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Husband</u> <u>Campbell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edwin</u> DATE <u>9/15</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>9/14</u> 19 <u>31</u> <u>E. E. Perryman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1931

22. I HEREBY CERTIFY, that I attended deceased from Sept 14 1931, to Sept 14 1931.
I last saw her alive on Sept 14 1931. Death is said to have occurred on the date stated above, at 11:30 p. m.
The principal cause of death and related causes of importance were as follows:
Eclampsia
145A
146
146
Other contributory causes of importance:
0

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify w. J. Ruelage, M. D.
(Signed) (Address)

Date of onset

Sept 14

Was this a pro-
pereral case?

5. (2) 30918

(Joe)

Requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

42

Name: Lucy Cloe Snider

Who died at: Doubtless Co on Sept. 14, 1931

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town: _____
death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace: _____ (State or country) _____

Birthplace: _____ (State or country) _____

Birthplace: _____ (State or country) _____

145A

CAUSE OF DEATH: Eclampsia

Contributory: Puerperal Septicaemia

Where was disease contracted? _____

Did operation precede death? _____ Date of _____