

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

Do not use this space.

34052
File No. _____
Registered No. 44
St. _____ Ward _____

1. PLACE OF DEATH
County Franklin Registration District No. 289
Township Union Primary Registration District No. 5401
City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME Adell Olive 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>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 - 1929</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>0</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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>		
13. NAME <u>Olive Snider</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Adell Vincent</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Father</u> (ADDRESS) <u>Campbell RR</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eldersheim</u> DATE <u>Oct 5 1931</u>		
19. UNDERTAKER <u>E. W. Snider</u> (ADDRESS) <u>Campbell RR</u>		
20. FILED <u>10/4</u> 19 <u>31</u> <u>E. W. Snider</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1931 to Oct 4 1931.
I last saw her alive on Oct 4 1931. Death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:
Diphtheria Date of onset _____

Other contributory causes of importance: NO

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

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? _____
If so, specify John L. Brown, M. D.
(Signed) _____ (Address) _____

WRITE PLAINLY. WITH UNFADING INK. THIS IS A CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 24 1931

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.

