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.

FEB 24 1932

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Vanburen
City ~~Lone Jack~~ (No. ..... , ... St. ..... Ward)

Registration District No. 401
Primary Registration District No. 5556

File No. 41248-a
Registered No. ..... /

2. FULL NAME John Snodgrass
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) /

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Feb 1-1925
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Mo.

FATHER
13. NAME Bartley Snodgrass
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Lucy Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) R. M. Snodgrass 5011 Highst K.C.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs Mo DATE Dec-17, 1931

19. UNDERTAKER (ADDRESS) Webb & Sons Blue Springs Mo

20. FILED Jan 10, 1932 Mrs Carl Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1931, to 12-15, 1931
I last saw him alive on 12-15, 1931. Death is said to have occurred on the date stated above, at 3:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1926
93C	
93C	
93C	
Other contributory causes of importance:	
Heart Block	12-12-31

Name of operation None Date of ✓
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

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 .....
(Signed) C H Brady, M. D.
(Address) Lees Summit Mo