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

Do not use this space.

28152

1. PLACE OF DEATH
97 County Saline — Registration District No. 801
9 Township — Primary Registration District No. 4480
City Sweet Springs Mo. (No. ..., ... St. ... Ward)
2 2. FULL NAME William Jasper Snow

File No. ...
Registered No. ...

(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 yrs. 1 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 27 1932

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~~ Harenett Brake Snow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30-1861

7. AGE: YEARS 71 — MONTHS 6 — DAYS 29 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister of Gospel
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) June 1932
11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Mo 1

FATHER
13. NAME Nathaniel Rochburn Snow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 2

MOTHER
15. MAIDEN NAME Athella Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Paul T. Snow Sweet Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL — Fairview Cemetry
PLACE Sweet Springs Mo DATE Aug 31 1932

19. UNDERTAKER (ADDRESS) Jesse Harvey Sweet Springs Mo

20. FILED 8-30-1932 A. H. Ringen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932 to August 29, 1932
I last saw him alive on Aug 29, 1932 Death is said to have occurred on the date stated above, at 6 50 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset: Duration 1½ yrs
Liver
46 B
46 E

Other contributory causes of importance: None

Name of operation None Date of ...
What test confirmed diagnosis? Clinical 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) Cyrus W. Parsons M. D.
(Address) Sweet Springs, Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Saline — Registration District No. 801 — File No.
Township — Primary Registration District No. 4480 — Registered No.
City Sweet Spring (No. , St. Ward)

2. FULL NAME William Jasper Snow
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE — YEARS — MONTHS — DAYS — 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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8-30- 1932 H. H. Ringer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach and liver	1½ yr.
primary Pyloric End of Stomach	1½ yr.

Other contributory causes of importance: none

Name of operation none 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
(Signed) Clyde W. Parsons M. D.
(Address) Sweet Springs Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-28152