

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.

5127

1. PLACE OF DEATH

25 County Clinton Registration District No. 210
 Township Legett Primary Registration District No. 3989
 City Stuartsville St. _____ Ward _____

File No. 5

Registered No. 3

2. FULL NAME

(a) Residence, No. Stuartsville, P. R. K. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. ~~SINGLE~~ MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>7</u>	<u>27</u>	

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. <u>Farming</u>
	10. Date deceased last worked at this occupation (month and year) <u>Feb 18</u>
	11. Total time (years) spent in this occupation <u>75</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Samuel Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Harriet Bevers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) H. L. Snodgrass, Platteburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapin DATE Feb 24, 1933

19. UNDERTAKER (ADDRESS) W. J. Platteburg

20. FILED Feb 23, 1933 John V. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb-18, 1933, to Feb-21, 1933
 I last saw her alive on Feb-21, 1933 Death is said

to have occurred on the date stated above, at 7:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset	<u>Feb 16, 1933</u>
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Other contributory causes of importance:

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 _____
 (Signed) S. D. Reynolds, M. D.
 (Address) Platteburg, Mo.

