

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

Do not use this space.

22355

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. 2517)

Jones

File No.

Registered No. 685

St.

Ward

2. FULL NAME Mr. Morris Snoddy

(a) Residence, No. 2517 - Jones St., Mo. Ward. Troy Kansas

(If nonresident, give city or town and State)

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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1859

7. AGE YEARS 73 MONTHS 7 DAYS Wednesday If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Laborer

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) Leavenworth Kans.

13. NAME Morris Snoddy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kans.

15. MAIDEN NAME Emma Wilkerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kans.

17. INFORMANT Boyd Snoddy (ADDRESS) 2517 Jones St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy Kansas DATE July 10th, 1933

19. UNDERTAKER Ramsay's Mortuary (ADDRESS) 9th & Olive Sts.

20. FILED 7-10-33, 19 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th 1933

22. I HEREBY CERTIFY, that I attended deceased from June 3 1933 to July 6 1933. Last saw him alive on July 6 1933. Death is said to have occurred on the date stated above, at 6:45a m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage
second stroke
arteriosclerosis
several years

Other contributory causes of importance:

Name of operation none Date of no

What test confirmed diagnosis? ✓ 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 ✓, 1933

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) Jacob Heiger, M. D. (Address) St. Joseph, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AGE & SEX

OCCUPATION

FATHER

MOTHER

115

