

OCT 13 1934

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

Do not use this space.



31913

1. PLACE OF DEATH  
 County Bates Registration District No. 5-4  
 Townshp. Rockville Primary Registration District No. 4032  
 City Rockville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Albert Brown Snively  
 (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)

File No. \_\_\_\_\_  
 Registered No. 12

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 Ella Snively  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 1 26  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rational Farmer  
 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. 40

MEDICAL CERTIFICATE OF DEATH

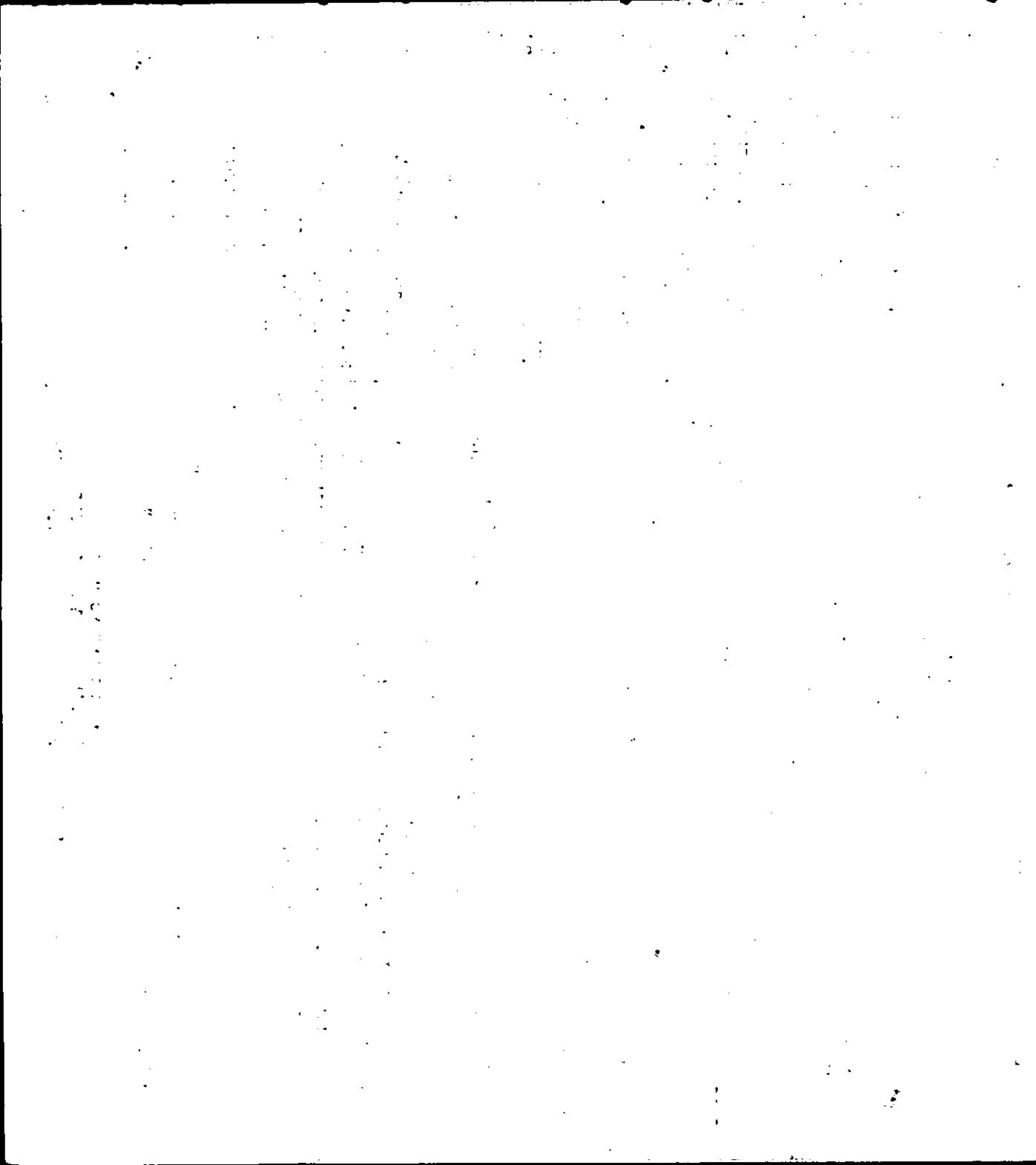
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26 1934  
 22. I HEREBY CERTIFY, That I attended deceased from for several years, 19\_\_\_\_, to Sept. 26, 1934.  
 I last saw him alive on Sept. 26, 1934. Death is said to have occurred on the date stated above, at 4:15 p. m.  
 The principal cause of death and related causes of importance were as follows:  
hypertension, thrombosis, senility  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville Ind.  
 13. NAME Hugh Snively  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Elanor M. Stephens  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland  
 17. INFORMANT H. A. Snively (ADDRESS) Rt. 1, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Rockville DATE Sept 27 1934  
 19. UNDERTAKER R. R. Hamner (ADDRESS) Rockville, Mo.  
 20. FILED Sept 27 19\_\_\_\_ Mrs. B. Freeman Registrar.

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? No.  
 If so, specify \_\_\_\_\_  
 (Signed) A. S. Greenman, M. D.  
 (Address) Rockville, 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.

2  
16  
8



The death of the attending  
physician has occurred  
since this certificate was  
sent in - hence have no  
way of knowing the facts  
wanted.

Mrs. A. B. Brown - Registrar

1934

S(2)-31913

*Bales*

*12*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Albert B. Inneely  
Who died at \_\_\_\_\_ on Sept 26 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex M Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 81 Months 1 Days 26

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Hypertension I know how Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Senility

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar Mar. A. B. Freeman Date filed Dec 8, 34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 54

Primary Reg. Dist. No. 4032

Very truly yours, E. T. McLaugh  
State Registrar

Special Agent.

RECEIVED

SECRET

1954

S(2)-31913