

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.

JUL 2 2 1935

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

Do not use this space.

Dr. Walsh
19442

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield Mo. (No. St. James Hospital) St. _____ Ward) _____

File No. _____
Registered No. 185

2. FULL NAME

(a) Residence, No. 423 W. Page St., _____ Ward.
(Usual place of abode) (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF _____ or WIFE OF Mae

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17 - 1879
7. AGE YEARS 55 MONTHS 8 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) Springfield Mo.

FATHER 13. NAME Frank J. Snow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo.

MOTHER 15. MAIDEN NAME Hannie R. Bryant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT Mrs. Mae Snow
(ADDRESS) Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Abel Church DATE June 9 - 1935

19. UNDERTAKER (ADDRESS) Anna Schmeyer Home
Springfield, Mo.

20. FILED 6-19 1935 W. J. Walsh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 - 1935
I HEREBY CERTIFY That I attended deceased from May 25, 1935, to June 30, 1935
I last saw him alive on June 7, 1935 Death is said to have occurred on the date stated above, at 2:40 P. M.
The principal cause of death and related causes of importance were as follows:

Symphatic Leukemia
Other contributory causes of importance: May 10 - 30

Name of operation _____
What test confirmed diagnosis? Blood & Tissues Was there an autopsy? Yes

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) W. J. Walsh, M. D.
(Address) 200 1/2 W. Page
Springfield, Mo.

THE BOARD OF DIRECTORS OF THE COMPANY

RESOLVED THAT THE ACCOUNTS OF THE COMPANY FOR THE YEAR ENDING 31st DECEMBER 1954 BE AS FOLLOWS:

Particulars	1954	1953
Income	100,000	90,000
Expenses	(80,000)	(75,000)
Profit	20,000	15,000
Dividends	(10,000)	(8,000)
Reserves	10,000	7,000

AND THAT THE ACCOUNTS BE CLOSED AND THE BALANCE SHEET AS AT 31st DECEMBER 1954 BE AS FOLLOWS:

Particulars	1954	1953
Fixed Assets	500,000	450,000
Current Assets	100,000	80,000
Liabilities	(50,000)	(40,000)
Net Assets	550,000	490,000