

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.

DEC 30 1936

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

Do not use this space.

41833

1. PLACE OF DEATH

County Livingston  
Township Munroe  
City Judlow (No. \_\_\_\_\_)

Registration District No. 514  
Primary Registration District No. 514

File No. 289  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Sturgeon Snider

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 2 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Nov. 1936 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersburg Indiana

FATHER 13. NAME Daniel Snider

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

MOTHER 15. MAIDEN NAME Sarah Brenton

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

17. INFORMANT (ADDRESS) Mrs Chas Wells Judlow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Munroe Center DATE 11/8/36 19.

19. UNDERTAKER (ADDRESS) D. F. Mead Braymer, Mo.

20. FILED Nov 11 1936 Chas Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1936 to Dec 6, 1936  
I last saw him alive in Judlow, Mo. 1936. Death is said to have occurred on the date stated above, at 4:00 p. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Probably several years standing  
Other contributory causes of importance: None  
Date of onset \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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) Chas Moore M. D.  
(Address) Judlow, Mo.

