

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Newton
Township
City Neosho (No.)

Registration District No. 609
Primary Registration District No. 4363

File No. 7415
Registered No. 12
St. Ward)

2. FULL NAME Oliver A. Snow

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

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 Florence Horton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12th, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 4 25

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) 11. Total time (years) spent in this occupation

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

13. NAME James Snow

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

15. MAIDEN NAME Catherine Huff

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

17. INFORMANT Mrs. Florence Snow
(ADDRESS) Neosho, Mo. R. 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Salem DATE Feb. 10, 1937

19. UNDERTAKER W. B. Ruppard
(ADDRESS) Neosho, Mo.

20. FILED 2-12-37 Armasale
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1-10 AM

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

Internal Injuries, Broken
Right leg below the knee,
Extreme shock following being
struck by an automobile.
Unavoidable accident.

Date of onset

Other contributory causes of importance:

Was standing by the side
of his car in the road.

Name of operation..... Date of.....
What test confirmed diagnosis? Inquest Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-5-37

Where did injury occur? 10 miles West of Neosho
in Newton County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
U.S. Highway # 60.

Manner of injury Struck by Automobile
Nature of injury Broken Leg. Internal Injuries

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) Orley Thompson Coroner,
Neosho Missouri
(Address).....

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.

JAN 28 1953