

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

K. Taylor

JUN 18 1937

19824

1. PLACE OF DEATH
 County Jefferson Registration District No. 213 File No. 19824
 Township Jefferson Primary Registration District No. 3014 Registered No. 160
 City Jefferson (No.) St. Mo. Ward

2. FULL NAME Infant Snellen, II (Miss)

(a) Residence, No. 1512 S. Mary 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 - 37

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Stillborn

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

FATHER
 13. NAME Carl Snellen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Pauline Tripp
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Carl Snellen
Jefferson Mo.

18. BURIAL INFORMATION OR REMOVAL PLACE St. Louis DATE May 5 37

19. UNDERTAKER (ADDRESS) Tawson - Tanner
Jefferson Mo.

20. FILED 5/5/1937 Suberoyal M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1937

22. HEREBY CERTIFY That I attended deceased from died in Ostia 19
 I last saw h. Stillborn 19 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Stillborn Date of onset
died in Ostia
Invited Card

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis Physical 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) H. S. Taylor M. D.
 (Address) Jefferson City Mo.

