DEC 20 1937

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

Do not use this space.

File No. 41481
Registered No. 377

1. PLACE OF DEATH
County JACKSON Registration District No. 398
Township BLUE Primary Registration District No. 5554
City FAIRMOUNT STATION 700 HAWTHORNE St. Ward)

2. FULL NAME JAMES E. SNIDEMAN
(a) Residence, No. 700 HAWTHORNE St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1922 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 4-1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	88	6	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CARPENTER
10. Date deceased last worked at this occupation (month and year) 1917
11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LAFAYETTE INDIANA

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME CATHELINE O'MURPHY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CORK COUNTY IRELAND

17. INFORMANT THEO. C. SNIDEMAN
(ADDRESS) 700 HAWTHORNE

18. BURIAL, CREMATION, OR REMOVAL
PLACE CREMATION DATE NOV. 21, 1937

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KC & PASEO

20. FILED 11-20-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937 to Nov 20, 1937
I last saw him alive on Nov 19, 1937. Death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:

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?
If so, specify
(Signed) Fred W. Smith, M. D.
(Address) Fairmount, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-33

Dr Fred Hink
10235 Indep -
Ind. 1445

Dr. Cash