

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

2002
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 5112
 (c) City (d) Street No. Route 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY CATHERINE SNELL 540

(a) Residence, No. Route 1, Columbia, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George C. Snell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1847
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 11 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) FEB 21 1938
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Missouri

FATHER 13. NAME: George Shipp

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MARRIAGE NAME Don't Know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs. Richard Snell New Franklin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockport DATE 1-19-38

19. FUNERAL DIRECTOR (ADDRESS) W. V. Whitesides Wagon Furniture Co. Columbia Mo.

20. FILED 1/18/1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-1938
 22. I HEREBY CERTIFY, That I attended deceased from
on Jan. 17-1938, to 1938
 I last saw him alive on 1-17-1938. Death is said to have occurred on the date stated above, at 2 P.M.
 The principal cause of death and related causes of importance were as follows:

Labor Pneumonia Date of onset do not know
But about 1-15-38

Other contributory causes of importance: 108

Name of operation None Date of None
 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? No Date of injury 19.....
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify (Signed) W. D. Dysart M. D.
 (Address) Columbia, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 NO. STATE BOARD OF HEALTH
 CAUSE OF DEATH in plain terms that may be properly classified. Exact statement of OCCUPATION is very important.
 BUREAU OF VITAL STATISTICS
 I. X12004

STATEMENT BY LICENSED EMBALMER

I, M. D. Philbrick, Licensed Embalmer No. 3893
hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. D. Philbrick
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed M. D. Philbrick
Licensed Embalmer No. 3893

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)