

REC'D APR 19 1938

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

10728
Do not use this space.

1. PLACE OF DEATH
 39 (a) County Greene Registration District No. 316
 (b) Township 1 Primary Registration District No. 2001 Registered No. 199
 3 (c) City Springfield (d) Street No. 1406 W. Calhoun St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 6 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Virginia Snodgrass 532
 (a) Residence, No. 1406 W. Calhoun 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17-1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<input checked="" type="checkbox"/>	<u>54</u>	<u>4</u>	<u>17</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife
 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) Mo.

FATHER
 13. NAME Henry Mills
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Abba Duncan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Ulman Snodgrass
 (ADDRESS) 1406 W. Calhoun, Springfield Mo.

18. BURIAL, CREMATION, OR REPOSITORY PLACE Hallowtown Cem. DATE Mar. 6-38

19. FUNERAL DIRECTOR J. H. Maples
 (ADDRESS) Clover, Mo.

20. FILED Mar 15 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1927, to March 4, 1938.
 I last saw her alive on March 4, 1938. Death is said to have occurred on the date stated above, at 6:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
 Date of onset 94 to

Other contributory causes of importance:
Hypertension Arteriosclerosis
Left Vascular Disease
Presence of stones undetermined

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) Harry J. Keagy, M. D.
 (Address) Springfield 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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, J. H. Maples, Licensed Embalmer No. 2985

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. H. Maples

Licensed Embalmer No. 2985

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.)