

REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Grandford
Meramec

Registration District No.

231

Township

Primary Registration District No.

5314

City

(No. _____ St. _____ Ward)

File No.

18133

Registered No. _____

2. FULL NAME

Margaret Snoddy

(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

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 3rd 1850*

7. AGE YEARS *87* MONTHS *11* DAYS *23* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *None*

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) *Polk County Mo*

13. NAME *James Thornton*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas*

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) *Mrs Otis Chambers*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Burial* DATE *4/23-1938*

19. UNDERTAKER (ADDRESS) *J. J. Jones*

20. FILED *4/13* 1938 *Carroll* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/22-1938*

22. I HEREBY CERTIFY, That I attended deceased from *1-1-1934*, to *4-22-1938*

I last saw her alive on *4-1-1938* Death is said to have occurred on the date stated above, at *P.R.* m.

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

Chronic Valvular Disease of heart

Other contributory causes of importance: *None*

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) *K. G. Pender*, M. D.

(Address) *St. Louis Mo*

