

REC'D OCT 25 1938

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

Do not use this space.

1. PLACE OF DEATH

64 County Marion
Township MASON
City Hannibal

Registration District No. 547
Primary Registration District No. 3029
St. Elizabeth Hospital

File No. 32738
Registered No. 631

2. FULL NAME Jesse Snodgrass Jr.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5/38, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 9/5, 1938, to 9/5, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-5-1938

I last saw h. Stillborn on 9/5/38 Death is said to have occurred on the date stated above, at 4 A m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0

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

Stillborn Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Mo.

13. NAME Jesse Snodgrass

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Cordelia Hawkins

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green City, Mo.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Jesse Snodgrass (ADDRESS) Palmyra, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Philadelphia, Mo. DATE 9/6/38

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER Levin Bros (ADDRESS) Palmyra, Mo.

If so, specify _____ (Signed) J. H. Stillborn, M. D.

20. FILED Sept 6 1938 W. C. Fisher Registrar.

(Address) Palmyra Mo.

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

