

DEC'D DEC 12 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH 791

37558

Do not use this space.

Registered No. 9885

## 1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 1008  
 (b) Township .....  
 (c) City St. Louis (d) Street No. 3842 A Botanical  
 (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 15 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Barbra Kathryn Snyder  
 (a) Residence, No. 3842 A Botanical St. 17  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Widower of John W.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 85 7 5

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marquand Missouri

13. NAME Eliza Whitener  
 FATHER

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

15. MAIDEN NAME Cynthia Kinder  
 MOTHER

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

17. INFORMANT Mrs. Lina Pinegar (ADDRESS) 3842 A Botanical

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Bessville, Mo. DATE Nov. 16, 1938

19. FUNERAL DIRECTOR J. M. McLaughlin (ADDRESS) 2301 Lafayette

20. FILED NOV 15 1938 J. P. Brudeck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1938 to Nov 14 1938

I last saw him alive on Nov 14 1938. Death is said to have occurred on the date stated above, at 10:30 AM

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

Myocarditis, Chronic 1933  
 A3C  
 Other contributory causes of importance: Hypertensive Pneumonia, Bronchial 11/7/38  
 Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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? No

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.

(Address) 3842 Lafayette St. Bessville, 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.

