

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

REC'D APR 20 1939

12050

1. PLACE OF DEATH  
County Ray Registration District No. 274  
Township 1 Primary Registration District No. 3035  
City Richmond Mo. (No. 1) St. Richmond Ward 1

2. FULL NAME 531a Florence Snyder

(a) Residence, No. Richmond, Mo. St. Richmond Ward 1  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \*\*\*\*\*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-31-1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>73</u>	<u>9</u>	<u>26</u>	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo. 0

FATHER

13. NAME John N. Craven 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo. 1

MOTHER

15. MAIDEN NAME Fanny Mennefy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

17. INFORMANT John N. Snider Kansas City Mo.  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. Mar. 28. 1939

19. UNDERTAKER E. Thurman Richmond Mo.  
(ADDRESS)

20. FILED March 31 1939 Mabel Jackson Registrar. 6624

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 20 1939, to Mar 26 1939.  
I last saw her alive on Mar 26 1939 Death is said to have occurred on the date stated above, at 6:30 P.M. m.  
The principal cause of death and related causes of importance were as follows:  
Influenza - Pneumonia  
Date of onset 3-20-39

Other contributory causes of importance: 11/0

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical 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) E. W. Spivey, M. D.  
(Address) Richmond, Mo.

RECEIVED  
District Health Officer No. 8,  
District File Number 47139  
Date Filed \_\_\_\_\_