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2
JUL 13 1939

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

23400
Do not use this space.

1. PLACE OF DEATH

(a) County Scott
(b) Township Dillard
(c) City Sikeston
(e) Length of residence in city or town where death occurred 5 3/16 yrs. mos. ds.

Registration District No. 821
Primary Registration District No. 4553

Registered No. _____

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Floyd Snyder

(a) Residence, No. 532 Matthews Avenue St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lucille

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1907

7. AGE YEARS 32 MONTHS 1 DAYS 1 If LESS than 1 day,hrs. ormin.

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. Resturant Prop.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation. 1

12. BIRTHPLACE (CITY OR TOWN) Roanoke, (STATE OR COUNTRY) Arkansas

13. NAME Oscar Snyder

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

15. MAIDEN NAME Ida Spires

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

17. INFORMANT (ADDRESS) Mrs. Floyd Snyder
Sikeston, Missouri

18. BURIAL, CREMATION OR REMOVAL PLACE Blytheville, Ark. DATE July 10, 1939

19. FUNERAL DIRECTOR (NAME) H. J. Welsh (ADDRESS) Sikeston, Missouri

20. FILED 7-10 1939 [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1939, to July 9, 1939
I last saw h. alive on 7-9-39 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Coronary Occlusion
Duration 22 hrs. 4 hrs
Date of onset _____
Other contributory causes of importance: 94 lbs

Name of operation Autopsy 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) [Signature], M. D.
(Address) [Signature]

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.

AUG 30 1948

RECEIVED

District Health Officer No. 2,

District File Number 239-61

Date Filed 7-12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Henry S. Johnson

Registered Apprentice No. 3704....., working under my personal supervision.

Signed

A. J. Welch

Licensed Embalmer No.

774

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.