

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44870

Registration District No. 849 Primary Registration District No. 6-1-4-45-14 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Green Castle Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0  
(Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Bertha Abigail Snow

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Elijah Snow 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. - 3 1871  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Perryville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business on farm

12. Name William Ayers

13. Birthplace near Green City Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Rinda Ayers

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. Thompson

(b) Address Green Castle Mo

17. (a) burial (b) Date thereof 12-22-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Overstreet Cem.

18. (a) Signature of funeral director Edna E. Kent

(b) Address Green City Mo 971

19. (a) Jan 1-1940 (b) Virginia Tibbo  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
year 1939 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct, 1939 to Oct, 1939  
that I last saw her alive on Oct. 10, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
(Probably)  
Duration Hours

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Thas N. Lewis (M. D. or other) 1  
Address Greencastle Mo Date signed Dec. 22

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
U. S. G. P. 1 X1951

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.

RECEIVED

District Health Officer No. 10

District No. 1-40-8

Date Filed JAN 3 1940

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.....

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

Signed Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green Hills 2

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.