

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

Do not use this space.

JAN 8 1935

**1. PLACE OF DEATH**

County Moniteau  
Township Harrison  
City..... (No..... St..... Ward.....)

Registration District No. 576  
Primary Registration District No. 5773A

File No. 43753  
Registered No. ten

**2. FULL NAME**

Clarence L Snyder

(a) Residence, No..... St..... Ward.....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1866

7. AGE YEARS 68 MONTHS 4 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Moniteau Co

13. NAME Amos D Snyder

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

15. MAIDEN NAME Mary D McHair

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

17. INFORMANT George Tising (ADDRESS) High Point

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodman Cem DATE 12/20 1934

19. UNDERTAKER W. H. Phillips (ADDRESS) California Mo

20. FILED 12/19 1934 Jewell Phillips Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-17-1934, 1934, to 12-18-1934, 1934. I last saw him alive on 12-17-1934, 1934. Death is said to have occurred on the date stated above, at 4 A m.

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

Apoplexy  
Acute pleurisy  
Date of onset

Name of operation none Date of.....  
What test confirmed diagnosis? Chloro 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? no  
If so, specify \_\_\_\_\_  
(Signed) H. R. Popejoy M. D.  
(Address) California 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.

