

REC'D MAY 11 1938

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

15320

Do not use this space.

## 1. PLACE OF DEATH

(a) County Monteau  
(b) Township Halter  
(c) City Harrison

Registration District No. 574  
Primary Registration District No. 577808

Registered No. 33

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Flora Augusta Snyder 536 St.  (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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clarence Snyder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 21 - 1873</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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.	
	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) <u>Monteau Co</u>		
FATHER	13. NAME <u>John Tising</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Vanpool</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole Co</u>	
17. INFORMANT (ADDRESS) <u>Cecil Snyder</u> <u>Hugh Parrott</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodman Cem</u>	DATE <u>4/21/38</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hellman &amp; Friedman</u> <u>California mo</u>		
20. FILED <u>Apr. 22, 1938</u>	<u>Jewell W. Phillips</u> Local Registrar	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-193822. I HEREBY CERTIFY, That I attended deceased from 11-7-1937, to 4-19-1938, 1938I last saw her alive on 4-19-1938, 1938. Death is said to have occurred on the date stated above, at 2 P. m.

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

Angina Pectoris +  
Coronary Sclerosis

Date of onset

Other contributory causes of importance: 94%Name of operation none Date ofWhat test confirmed diagnosis Ulcer 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 —, 19Where 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) A. R. Phipps, M. D.(Address) California mo

**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

*Walter E. Hillman*

Licensed Embalmer No.

*3537*

P. O. Address

*California Mo*

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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15320  
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1. PLACE OF DEATH

(a) County Moniteau Registration District No. 524  
(b) Township Harrison Primary Registration District No. 5278 Registered No. ....  
(c) City ..... (d) Street No. ....  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Flora Augusta Snyder

(a) Residence, No. .... St. 7 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw h..... alive on....., 19... Death is said

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

to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 5 17

Date of onset

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

Other contributory causes of importance:

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

Name of operation ..... Date of.....

What test confirmed diagnosis? ..... Was there an autopsy?.....

FATHER 13. NAME

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.

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

Manner of injury.....

Nature of injury.....

MOTHER 15. MAIDEN NAME

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) H. R. Papey, M. D.  
(Address) California

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED April 20 1938 Jewell Phillips Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

