

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

PLACE OF DEATH
County Cape Girardeau
Township Liberty
Village _____
City _____ (NO. _____)

130
940
5181
Registration District No. _____
Primary Registration District No. 5181
File No. 17151
Registered No. 4 PD
St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Lalice Snider

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

DATE OF BIRTH Nov 19, 1845
(Month) (Day) (Year)

AGE 66 yrs. 6 mos. 6 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02-56

BIRTHPLACE (City or town, State or foreign country) Bollinger Co. 194

PARENTS
NAME OF FATHER Bollinger Snider
BIRTHPLACE OF FATHER (City or town, State or foreign country) Bollinger Co
MAIDEN NAME OF MOTHER Margarete Cile
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bollinger Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benjamin Snider
(ADDRESS) Whitewater Mo

Filed May 25 1917 A.M.M. wply
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 19, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 14, 1917, to May 19, 1917;
that I last saw him alive on May 18, 1917,
and that death occurred, on the date stated above, at 5:4 m.

The CAUSE OF DEATH* was as follows:
Neuritis Complicated with Rheumatism

(Duration) ___ yrs. 1 mos. 14 ds.

Contributory Exposure (SECONDARY) _____

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. M. Geringer M. D.

May 19, 1917 (Address) Whitewater Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Cape Girardeau DATE OF BURIAL May 21, 1917

UNDERTAKER Whitewater Mo ADDRESS Whitewater

