

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

NOV 15 1934

37170

1. PLACE OF DEATH

County St. Louis
Township Central
City Bonnieville Mo.

Registration District No. 779
Primary Registration District No. 6024A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Malissa Ann Snyder

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Berry E Snyder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1895</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>4</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 1934
22. I HEREBY CERTIFY, That I attended deceased from May 1934 to Oct 1934
I last saw h. alive on 10-10, 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Coronary athero sclerosis Date of onset unk
Chr interstitial nephritis
Other contributory causes of importance:
arterio sclerosis
Chr interstitial nephritis

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

MOTHER FATHER 13. NAME Chris Hink

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

15. MAIDEN NAME Margaret Conroy

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

17. INFORMANT John Snyder
(ADDRESS) Bonnieville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonnieville Mo DATE 10/12 1934

19. UNDERTAKER Benham Undert. Co
(ADDRESS) Bonnieville Mo

20. FILED Oct 12, 1934 W. J. Pluckhuth
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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) Harold C. Barber M. D.

(Address) Desloge Mo

