

SEP 27 1934

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

Do not use this space.

29916

1. PLACE OF DEATH

55 County Lafayette  
Township H. Mt. Vernon  
City (No. ....) St. .... Ward .....

Registration District No. 420  
Primary Registration District No. 6633

File No. ....  
Registered No. 66 St. .... Ward .....

2. FULL NAME

John H. Snow St. .... Ward .....

(a) Residence, No. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mrs. Ruth Snow

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

8-5-00

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

33

11

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

farming

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)

Sligo, Mo.

FATHER

13. NAME

John Snow

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

Mo.

MOTHER

15. MAIDEN NAME

Maggie Hulsey

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

Mo.

17. INFORMANT (ADDRESS)

State Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Steelville, Mo. DATE Aug 5, 1934

19. UNDERTAKER (ADDRESS)

Phillips & Foster

20. FILED

8/5, 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

8/3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/3, 1933, to 8/3, 1934

I last saw him alive on 8/3, 1934. Death is said to have occurred on the date stated above, at 11:37 a.m.

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

Date of onset

Pulmonary tuberculosis July, 1933

Other contributory causes of importance: tuberculous peritonitis July, 1934

Name of operation none Date of none

What test confirmed diagnosis? Salt Was there an autopsy? no

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) J. B. Stobber, M. D.

(Address) H. Mt. Vernon, 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.

WRITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

# John R. Snow

Memorial

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Birth: 1900

Death: 1934

Snow, John R. 1900 1934

Burial:

[Shoal Creek Cemetery](#)

Steelville

Crawford County

Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [Mary](#)

Record added: Feb 10, 2008

Find A Grave Memorial# 24548812



Added by: [Hannah](#)



Cemetery Photo

Added by: [Bill Greenlee](#)