

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Andrew

Registration District No. 231

Township Highway

Primary Registration District No. 4141

City Steelville Mo (No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward) \_\_\_\_\_

File No. 12347

Registered No. \_\_\_\_\_

2. FULL NAME Ruth Snow

(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. \_\_\_\_\_

ds. \_\_\_\_\_

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

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1903

7. AGE

YEARS 30

MONTHS 8

DAYS —

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Cherryville Mo

FATHER

13. NAME James Wilkinson

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

MOTHER

15. MAIDEN NAME Nettie Cole

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

17. INFORMANT (ADDRESS) Nettie M. Chiappier Steelville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cuba Park

DATE April 4, 1934

19. UNDERTAKER (ADDRESS) J. E. Naeber Cuba Mo

20. FILED 4-30

1934

Registrar. W. L. S. S. S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934 to April 3, 1934

I last saw her alive on April 13, 1934 Death is said to have occurred on the date stated above, at 7:40 P.M.

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

Miliary tuberculosis Date of onset 4 months

Other contributory causes of importance:

Acute nephritis 8 days

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? physical 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) Frank O. Anderson, M. D.

(Address) Steelville, Mo