

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.

APR 21 1930

39064 a

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

Do not use this space.

39064 a

1. PLACE OF DEATH

County Henry
Township Miller
City..... (No.....)

Registration District No. 5313
Primary Registration District No. 4189

File No.....
Registered No.....
St. Ward)

2. FULL NAME Albert L. Snell

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 - 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>84</u>	<u>3</u>	<u>25</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Albert Snell

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) South Point Ohio

12. MAIDEN NAME OF MOTHER Sarah Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) West Virginia

14. INFORMANT Mary Jane Snell
(Address) Mc Huff MO

15. FILED 3-12 1931 W. G. Query
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-28-30 19

17. I HEREBY CERTIFY, That I attended deceased from June 1920, to Dec 25 1930
that I last saw him alive on Dec 25, 1930, and that death occurred, on the date stated above, at 10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ulcers of Stomach

1177 (duration) 4 yrs. 25 ds.

CONTRIBUTORY (SECONDARY) 11/10/25 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. R. Travers M. D.

Dec 25 1930 (Address) Mc Huff MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Heath Chapel DATE OF BURIAL 12-28-30 19

20. UNDERTAKER Shomer Pattersonburg Mo ADDRESS

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