

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.

JUL 20 1933

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

Do not use this space.

19061

1. PLACE OF DEATH
 14 County Callaway Registration District No. 104
 2 Township Primary Registration District No. 3008
 7 City Fulton (No. State High No. 1) St. Ward
 2. FULL NAME Edith P. Snowberger
 (a) Residence, No. St. Ward. Lancaster Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 10 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>W</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>J. A. Snowberger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>		
7. AGE YEARS <u>33</u>	MONTHS	DAYS
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.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Schuyler Co Mo</u>		
13. NAME <u>George Baldwin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
15. MAIDEN NAME <u>Rosa Beerbower</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Schuyler Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Hospital Records</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Lancaster</u> PLACE <u>Germania cem</u> DATE <u>July - 1</u> 19 <u>33</u>		
19. UNDERTAKER <u>Les H Wallace</u> (ADDRESS)		
20. TIME <u>June 29, 1933</u> <u>R. N. Crews</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1933

22. I HEREBY CERTIFY That I attended deceased from June 19 1933 to June 29 1933
 I last saw her alive on June 28 1933 Death is said to have occurred on the date stated above, at 5:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Maniacal excitation Date of onset 4/2/33

Other contributory causes of importance:
84

Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify no
 (Signed) Ralph Harker M. D.
 (Address) Fulton Mo

