

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

11305

1. PLACE OF DEATH

County Schuyler
Township Independence
City Independence, Mo. (No. _____)

Registration District No. 802
Primary Registration District No. 6047

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

2. FULL NAME Jacob Snowbarger

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widower
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Wife Snowbarger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4th, 1848

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
81	3	6	

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) Schuyler Co, Mo,

10. NAME OF FATHER Jacob Snowbarger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Kathrine Dick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Ethel Seamster
(Address) Downing Mo.

15.

FILED 3-11-1930 J. B. Burdette
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 17th, 1930, to March 10, 1930, that I last saw him alive on March 2, 1930, and that death occurred, on the date stated above, at 5 hrs. 15. m. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric carcinoma

46B

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH. No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Phys. & Lab. examination

(Signed) Edw. M. Moulton, M. D.

Mar. 11, 1930 (Address) Lancaster, 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

DATE OF BURIAL

Lancaster Cem Mar 12 1930

20. UNDERTAKER

ADDRESS

Wm West Queen City

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 30 1930

