NOV 28 1927

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

Do not use this space.

29775

1. PLACE OF DEATH

County Carroll — Registration District No. 135

Township — Primary Registration District No. 3010

City Carrollton (No. ..... St. ..... Ward)

File No. .....

Registered No. 101

2. FULL NAME William Cannon

(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-15-1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	1	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER John Cannon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Catherine Carroll

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

14. INFORMANT Miss Lizzie Cannon
(Address) Wakenda, Mo.

15. FILED 10-29, 1927 Mrs E E Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-27 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-1-27 to ....., 19....., to 10-27-27, 19....., that I last saw him alive on 10-27-27, 19....., and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prostatitis, cystitis, Nephritis —
137
135B
132A
129B

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

CONTRIBUTORY (SECONDARY) .....

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

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

DID AN OPERATION PRECEDE DEATH? yes. DATE OF Oct 24-27

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [signature], M. D

10-29, 1927 (Address) [signature]

*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: Cannon Cemetery

DATE OF BURIAL: 10-30 1927

20. UNDERTAKER: Willis Brothers

ADDRESS: Carrollton 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.

PERMANENT RECORD