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.

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

Do not use this space.

36980

File No. 4803

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 394

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 4144 Forest St. Ward)

2. FULL NAME Mary Elizabeth Cannon

(a) Residence. No. 4144 Forest St., 15 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1901 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: wh

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 3, 1850

7. AGE: Years 77 — Months 3 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None 131 92A

(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): Ky.

PARENTS

10. NAME OF FATHER: John Barnhill

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

12. MAIDEN NAME OF MOTHER: Isabella Sibley

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

14. INFORMANT: Mrs. E. R. Sandusky (Address) 4144 Forest

15. FILED 12/20, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1927, to Dec 20, 1927 that I last saw her alive on Dec 19, 1927, and that death occurred, on the date stated above, at 10.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129A

8

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carl A. Jackson, M. D.

12-20, 1927 (Address) 513 Commerce Bldg

*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: Forest Hill — DATE OF BURIAL: Dec 22 1927

20. UNDERTAKER: D. H. Newcomer's Sons — ADDRESS: A. C. Mo

513 [illegible]
Vic 9171-
2-4-