FEB 20 1928

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

Do not use this space.

234

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 40

City St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME Letitia Canfield,

(a) Residence. No. 1120 Main, Memorial Home Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15, 1842

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
85	3	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None, 10 A

(b) General nature of industry, business, or establishment in which employed (or employer) Retired, 10 A

(c) Name of employer

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

PARENTS

10. NAME OF FATHER George P. Smith,

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

12. MAIDEN NAME OF MOTHER Sarah Wardrell

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

14. INFORMANT Memorial Home Records,
(Address) 1120 Main Street,

15. FILED JAN 11 1928 19 John G. Wh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1927, to Jan 10, 1928 that I last saw her alive on Jan 9, 1928, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia [illegible]

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Coryza & Laggrippe

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [illegible], M. D

Jan 10, 1928 (Address) Kirkpatrick 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: Mount Mora Cemetery,

DATE OF BURIAL: Jan. 12th 1928

20. UNDERTAKER: Heaton-DeGole & Bowman Funeral Home by J. W. Karle

ADDRESS: 319 S. 10 St.

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.